

Exemption from Institutional Authorization *Application Guidelines and Procedures*

Institutions: Institutions seeking Exemption from Institutional Authorization need to submit the appropriate Exemption application, based on programmatic offerings. The Application Guidelines & Procedures listed below explain the Exemption Application submission and review process conducted by the Commission's Institutional Authorization staff.

Institutions are strongly advised to review and follow these procedures to prevent delays in their application's review and status determination.

A.) Initial Phase – Institutional Preparation

1. Institutions seeking an Exemption from Institutional Authorization must review the Exemption application type most relevant to their programming.
2. Institutions must collect all required documents and materials identified in the application. This includes having a final version of the Institution's catalog, which is delivered to prospective students upon approval by Commission staff. See catalog requirements below for more details.

B.) Phase Two – Application Submission

1. Submit the completed application and all supporting documentation outlined in the application below (see Checklist of Materials) in one transmission by email to EED.ACPE-IA@alaska.gov.
2. Do **not** submit materials separately.
3. Applications that contain large file sizes can be sent to EED.ACPE-IA@alaska.gov using State of Alaska [ZendTo](#).
4. Application fees must be paid either by check, made out to the Alaska Commission on Postsecondary Education, or via an ACH Deposit. If the Institution wishes to make payment via ACH Deposit, contact EED.ACPE-IA@alaska.gov for instructions.

C.) Phase Three – Application Review

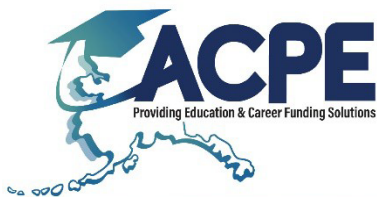
1. Applications are not reviewed until all required documentation, including application fee, are received.
2. Commission staff review the submission based upon the merits of the application. Commission staff may provide feedback or request additional documentation to determine whether the Institution meets Exemption Requirements.
3. Standard application review is approximately two weeks once all materials have been received. However, the anticipated timeline may take longer. Institutions are expected to submit a complete application packet. Incomplete packets and/or Institutional delays will result in a review delays.
4. Applications substantially out of compliance with Commission requirements and/or substantially incomplete may be returned or denied.

D.) Final Phase – Determination

1. After review, Exempt applications may be approved by Commission staff for up to five years.
 - i. Should a change occur in the Institution's organization or program(s), deviating from its approved Exemption, IA Commission staff must be notified. Commission staff will determine if the Institution's Exempt status will be re-evaluated.
 - ii. Institutions are responsible for applying prior to the expiration of their current approval.

A postsecondary educational institution **may not** use the term "university" or "college" in its name unless it is accredited.

Accredited means accredited by a national accreditation association, or the regional accredited association for the area where the school is located; that is recognized by the Secretary of Education of the United States Department of Education.



Application for Exemption from Institutional Authorization 20 ACC 17.015(a)(11) – *Online or Distance Delivered Program*

Any individual or institution offering postsecondary instruction within the State of Alaska must be either Authorized or Exempt from Authorization by the Alaska Commission on Postsecondary Education (ACPE) under Alaska Statute (AS) 14.48.

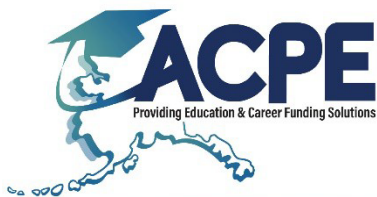
Instructions: Complete pages 1 through 3 of this form. Upon receipt of this form, ACPE will determine if the Institution meets the requirements for Exemption.

NOTE: While exempt from the requirements of Authorization, Exempt Institutions must comply with educational consumer protection statutes ([AS 14.48.060\(b\)](#), [14.48.130](#), [14.48.150](#), [14.48.170](#), and [14.48.180-14.48.210](#)) and their associated regulations.

EXEMPTION REASON: An online or distance delivered program that does not have a physical presence within the state.

CHECKLIST MATERIALS: All requested materials below must be attached to this application in order for the application to be evaluated

1. Approval letter from Institution's Home State Authorization Agency.
2. Approval letter from Institutional or Programmatic Accrediting Agency.
3. Most Recent Financial Composite Score(if Applicable)
 - a. If score is below a 1.5, attached Letter of Credit with US Department of Education.
4. Location of Complaint Process to Students
5. Location of where a Conspicuous Statement is to be located:
 - a. An institution exempt from authorization requirements under (a)(11) of this section must include a conspicuous statement on the institution's marketing in the state, indicating that the program is exempt from authorization under as 14.48 and this chapter, because the program is online or distance delivered and the institution does not have a physical presence in the state.
6. The hyperlink to the institution's catalog on the institutions website, an electronic copy of the catalog, or a physical copy. A catalog includes: course descriptions, content, and length of course, a schedule of tuition, fees, and other associated costs, a refund policy, and grievance policy with availability of appeal to the Commission.
7. If programs lead to Professional Licensure, provide location on website.
8. A single copy of the certification or diploma issued by the institution.
9. Nonrefundable \$250.00 application fee (either Check or ACH Transaction).



I. Institution Information:

Institution Name: _____

Principal Officer Name: _____

Principal Officer Title: _____ Institution's Web Address: _____

State Authorizing, Approval, or Governing Body: _____

Accreditation or Other Governing body (if applicable): _____

CONTACT INFORMATION

Name of Administrative Contact: _____

Phone Number: _____ Email: _____

PRIMARY LOCATION

Address: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS (if different)

Address: _____

City: _____ State: _____ Zip: _____

OTHER LOCATIONS (if applicable) | NOTE: If all locations do not fit on this page, provide attachment with locations

Address 2: _____

City: _____ State: _____ Zip: _____

Address 3: _____

City: _____ State: _____ Zip: _____

II. Certification:

I certify that the information provided is accurate and complete to the best of my knowledge, and that the institution meets the exemption reason selected above.

Signature: _____ Date: _____
(Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____

