



Application for Exemption from Institutional Authorization

20 AAC 17.015(a)(1)

Any individual or institution offering postsecondary instruction within the state of Alaska must be either authorized or exempted 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 and attach a copy of the certificate of completion or diploma issued by the institution. Submit the completed form and a **\$250 nonrefundable application fee** to the address listed at the top of this form. Upon receipt of this form, ACPE will determine whether your institution meets the requirements for exemption.

NOTE: While exempted from the requirements of authorization, exempted 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: A program sponsored by and conducted solely for the members of a bona fide trade, business, professional, labor, or fraternal organization that is maintained in good faith for purposes other than operating an educational institution.

Definitions:

- A fraternal organization is a civic, service, or charitable organization in the state, not for pecuniary profit, that is a branch, lodge, or chapter of a national or state organization and exists for the common business, fellowship, or other interest of its members; the term does not include a college or high school fraternity.
- A labor organization is one, not for pecuniary profit, that is constituted to bargain collectively or deal with employers, including the state and its political subdivisions, concerning grievances, terms or conditions of employment, or other mutual aid or protection in connection with employee.
- A trade, business, or professional organization is one, not for financial profit, that is composed of persons all of whom are or were actively engaged in the same trade, business, or profession.

Checklist of Materials: All requested materials below must be attached to this application in order for the application to be evaluated:

1. Copy of Business License
2. Copy of Corporation License
3. Copy of Bylaws or Articles of Incorporation
4. Copy of 26 U.S.C. 501(c)(3)
5. Statement of Purpose and Mission
6. Membership Application
7. Letter from regulatory agency (ie NCCER, US Department of Labor, Office of Apprenticeship) (if applicable)
8. Location of a conspicuous statement on marketing, admissions, enrollment materials, and certificates or diplomas setting out verbatim the exemption reason stated above and informing that the institution is exempt from authorization requirements under AS 14.48 and 20 AAC 17.015
9. Statement attesting that institution will retain student record documents under AS 14.48.165(b) for a period of at least one year after the student's last date of attendance. A copy of this document can be found on the ACPE [Institutional Authorization Exemption Website](#) under [Meningitis Form](#).
10. A copy of the institution's catalog. 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.

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.



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 code: _____

Mailing Address *(if different)*

Address: _____

City: _____ State: _____ Zip code: _____

Other Locations *(if applicable) (if all locations do not fit on this page, provided attachment with locations)*

Address: _____

City: _____ State: _____ Zip code: _____

Address: _____

City: _____ State: _____ Zip code: _____

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 of owner or administrative official: _____

Title of administrative official: _____ Date: _____



Programs Worksheet

List below all programs of study, the total clock or credit hours required, the credential awarded (certificate/diploma/degree), and the total program cost. Provide additional pages if necessary.

Program Name	Total Clock or Credit Hrs	Credential Earned	Total Program Cost