

**APPLICATION FOR A SUPPLEMENTAL LICENSE**

**DEGREE PROGRAM**

*You are advised that an educational institution may not advertise, Recruit students, collect money, or provide instruction to students for a new program until such time as the program has been approved by the Arizona State Board for Private Postsecondary Education.*

Revised November 2009

**ARIZONA STATE BOARD FOR PRIVATE POSTSECONDARY EDUCATION**  
**1400 West Washington, Room 260**  
**Phoenix, Arizona 85007**  
**(602) 542-5709**

**APPLICATION FOR A SUPPLEMENTAL LICENSE FOR A NEW PROGRAM**

**GENERAL INFORMATION:**

Arizona State Board for Private Postsecondary Education Statute and Rule requires that a licensee must file an application for a supplemental license to offer a new or additional vocational or degree program.\*

If the new/additional program is consistent with the scope of the educational offerings presently approved on the Vocational Program or Degree-Granting license, State Board Staff has the authority to approve or deny the supplemental license. If, however, the new/additional program represents:

- (1) expansion into a discipline area or designation not consistent with present educational offerings or not covered under an existing grant of accreditation,
- (2) changes in the existing educational delivery system, or
- (3) a questionable business or educational endeavor,

the supplemental application will require full State Board consideration at a scheduled State Board Meeting.

**APPLICATION SUBMISSION: The application must be indexed and tabbed according to the content requirements.**

**You are advised that an educational institution may not advertise, recruit students, collect money, nor provide new program instruction to students until such time as the program has been approved by the Arizona State Board for Private Postsecondary Education.**

If additional clarification on licensure requirements is needed, please call this Board office.

\*Questions concerning what constitutes a new/additional program and/or if State board approval is required in a particular case, should be submitted to the State Board Office in writing prior to application submission.

LICENSURE AND LICENSURE PROCEDURES  
FOR AN  
APPLICATION FOR A SUPPLEMENTAL LICENSE  
NEW PROGRAM

**LICENSURE PROCEDURES**

In order to obtain an Application for a Supplemental License for the following:

1. Change of Name
2. New Program
3. Change of Location/Additional Location

an applicant must demonstrate to the Arizona State Board for Private Postsecondary Education (“State Board”), through the application process, that all licensing requirements defined in Arizona State statute and rule are met.

**APPLICATION PROCESS OVERVIEW**

The application process involves the completion and submission of an application, an on-site verification visit, if required, and consideration of the application at a public State Board meeting, if required. Pursuant to A.R.S. § 41-1073 and A.A.C. Rule R4-39-102, the State Board has 135 days from the date of application receipt to review and take final action on the application. The State Board’s review process is referred to as a licensing time frame and involves the following:

1. 45-Day Administrative Completeness Review to determine if the contents of the application are complete, and
2. 90-Day Substantive Review to determine if the applicant has met, as demonstrated through the application and the on-site verification visit, if required, that all licensure requirements as defined in statute and rule.

Be aware, however, that since both the administrative review and the substantive review licensing time frames can be temporarily suspended if the application is incomplete or contains deficiencies, it may take longer than the 135 calendar days for the State Board to take final action on the application. Please refer to A.A.C. Rule R4-39-102(F) through (G) for complete information regarding the State Board’s licensing time frames.

**APPLICATION COMPLETION AND SUBMISSION:**

The application includes the Application for a Supplemental License and additional information as specified in the Content Requirements. The application form and applicable content requirements must be completed in their entirety. Attachments for the application form may be used only when the information cannot be accurately conveyed in the space provided. If an attachment is used to answer a question, the question must identify that attachments are being used and the attachment must be stapled to the last page of the application form. *An applicant may not answer a question by referring to another document submitted elsewhere in the application.*

## **ADMINISTRATIVE COMPLETENESS REVIEW**

The Office of Arizona State Board for Private Postsecondary Education will notify the applicant of the date on which the application was received. The 45-Day Administrative Completeness Review of the application begins on the date of application receipt. Upon completion of the administrative completeness review, State Board Staff will notify the applicant regarding the status of the application. If the application is complete, the Substantive Review of the application will begin. If the application is incomplete, the applicant will be given 60 days to revise and re-submit a complete application. Under special circumstances, an applicant may be granted additional time, not to exceed 30 days, to revise and re-submit the application.

***If the application is not re-submitted by the deadline, or if the re-submitted application remains incomplete, the application will be closed.***

## **SUBSTANTIVE REVIEW**

The 90-Day Substantive Review of a completed application begins on the date that the Administrative Completeness Review ends. After an initial review of the application, State Board Staff will notify the applicant regarding the following:

1. If the State Board finds that the applicant meets all requirements defined in statute and rules, the Board will grant the license.
2. If the State Board determines that the applicant fails to meet all requirements defined in statute and rule, the State Board will deny the application.
3. If the State Board finds deficiencies during the substantive review of the application, the Board will issue a written request specifying the additional documentation to be submitted and the deadline for submission. The time frame for substantive review of the application is suspended from the date the written request for additional information is served until the date that all documentation is received.
4. When the applicant and the Board mutually agree in writing, the Board shall grant extensions of the substantive review time frame totaling no more than 30 days.
5. If the requested documentation is not submitted by the deadline date, the Board shall close the application. An applicant whose application has been closed and who later wishes to seek licensure, shall apply anew.

**APPLICATION FOR A SUPPLEMENTAL LICENSE  
FOR A DEGREE PROGRAM – Revised 11/2009**

The application form and applicable content requirements must be completed in their entirety. Attachments must be appropriately marked and attached to the application form. A complete application is required for each program. *An applicant may not answer a question by referring to another document submitted elsewhere in the application.*

Name of School: \_\_\_\_\_

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

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Degree Program Title (to include major/concentration): \_\_\_\_\_  
\_\_\_\_\_

Credential to be awarded:    Occupational Associate                       Academic Associate   
Bachelor's                       Master's                       Doctorate                       Post-Graduate Certificate

Program Objective: \_\_\_\_\_  
\_\_\_\_\_

Unit of academic measurement used by the institution:

Clock Hours                       Semester Credit Hours                       Quarter Credit Hours

- How many clock hours equal one lecture credit? \_\_\_\_\_
- How many clock hours equal one laboratory credit? \_\_\_\_\_
- How many clock hours equal one externship/  
Internship/practicum credit? \_\_\_\_\_

Total Clock Hours: \_\_\_\_\_                      Total Credit Hours \_\_\_\_\_

Mode of delivery:

Residential                       On-line                       Combination

Tuition: \_\_\_\_\_ Fees (itemized): \_\_\_\_\_

Total Tuition and Fees: \_\_\_\_\_

Proposed Program Start Date: \_\_\_\_\_ Faculty/Student Ratio: \_\_\_\_\_

Length in Weeks: \_\_\_\_\_ Length in Months: \_\_\_\_\_ Length in Years \_\_\_\_\_

**I certify that the information herein submitted and attached hereto is correct and that this degree program has not been described in the catalog, advertised or offered to students.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Chief Executive Officer)

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

**Attachments to this application:**

1. Processing fee of \$500.00
2. Copy of current approval letter from the accrediting agency.

**3. PROGRAM OUTLINE \* - May be revised as needed**

Please list the number of classroom lecture, laboratory/shop/independent study, and/or externship clock and credit hours for each course in the degree program. The minimum number of credit hours in the occupational subjects, general education courses or applied general education courses must meet the requirements of your accrediting commission. **Copy and attach additional pages if necessary.**

	Classroom Clock Hours	Lab/Shop Clock Hours	Externship Clock Hours	Total Clock Hours	Total Credit Hours
<b>Technical/Occupational Courses:</b>					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total this section	_____	_____	_____	_____	_____
<b>General Education Courses:</b>					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total this section	_____	_____	_____	_____	_____
<b>Applied General Ed/Other Courses:</b>					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total this section	_____	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____
<b>TOTAL ALL SECTIONS</b>	_____	_____	_____	_____	_____

4. Submit a brief description for each course.
5. Submit the “Profile of Clock to Credit Hour Conversion Chart”.
6. What are the requirements for admission?
7. What are the requirements for graduation?
8. A list of assigned textbooks or learning materials for this program.
9. A list of the fixed equipment required to offer the program. Identify separately equipment, materials, etc. required for the student.
10. Submit a copy of the proposed degree program, **as it will appear in the catalog**, to include:
  - a. Description of the program that includes title, objectives, clock/credit hours, length of time normally to complete the program
  - b. Tuition and fees
  - c. Admissions requirements
  - d. Graduation requirements
  - e. Licensing requirements for graduates to practice
  - f. Credential to be awarded upon completion of the degree program
11. If applicable, submit the following information on the practicum, externship/internship:
  - a. Provide an explanation of the student’s goals and the student’s responsibilities at the externship/internship site.
  - b. 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.
  - c. A certificate of insurance demonstrating adequate liability coverage at the externship site
  - d. If an externship, provide a list of available extern sites.
12. If the program is offered online, provide a brief description of the delivery system.
13. Complete information on local, state or national requirements for graduates to practice.
14. New enrollment agreement (if applicable)
15. Provide the Resume of Program Director and a LIST of all current faculty responsible for teaching the new program. If accredited, provide a copy of the accrediting commission’s requirements for faculty.
16. Market research summary/industry career opportunities information for the new program. include information on job opportunities, industry outlook, starting salaries, and potential employers for graduates.
17. Additional information may be required as deemed necessary or appropriate.

**PROFILE OF CLOCK TO CREDIT HOUR CONVERSION**

School Name: \_\_\_\_\_ Program Length in Weeks: \_\_\_\_\_

Program Title: \_\_\_\_\_

Please complete the following chart indicating the clock and credit hour equivalencies for each course within the program.

COURSE TITLES	CLOCK HOURS				<u>CREDIT HOURS:</u> Circle One: Semester / Quarter			
	Classroom/ Lecture	Lab/Shop/ Independent Study	Externship/ Internship	Total Clock Hours	Classroom/ Lecture	Lab/Shop/ Independent Study	Externship/ Internship	Total Credit Hours
PLEASE TOTAL COLUMNS	_____	_____	_____	<u>Total</u>	_____	_____	_____	<u>Total</u>

Note: If the same information is required by the accrediting commission, their form may be substituted for the response to number question 5.

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**RESUME FORM**

     **OWNER**        **BOARD OF DIRECTORS**        **EXECUTIVE OFFICER**        **ADMINISTRATOR**

**EMPLOYEE NAME:** \_\_\_\_\_

**POSITION/TITLE:** \_\_\_\_\_

**INSTITUTIONAL INFORMATION:**

\_\_\_\_\_ **Institutional Name** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Street Address, City, State and Zip**

\_\_\_\_\_ **Phone Number, Fax Number and E-Mail**

**EDUCATIONAL INFORMATION:**

<b>NAME OF INSTITUTION, CITY, STATE</b>	<b>DATES ATTENDED</b>	<b>MAJOR STUDY/DEGREE CONFERRED</b>

**PROFESSIONAL HISTORY:**

Dates: Month & Year	Employer: Name, Address & Phone	Position	Reason for Leaving

**REFERENCES: Identify at least three persons not related to you whom you have know at least one year:**

Name	Business Address	Business Telephone	Years Acquainted

**I certify that the foregoing information is complete and accurate and it is understood that this resume, including any attachments thereto, will remain the property of the Arizona State Board for Private Postsecondary Education. I authorize said Board to obtain such information as it may require concerning the statements made in this application.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**THIS FORM IS REQUIRED FOR ALL OWNERS, BOARD OF DIRECTORS AND ADMINISTRATORS**

**SOCIAL SECURITY NUMBER AND PERSONAL INFORMATION SUPPLEMENT**

**ATTENTION: PLEASE READ CAREFULLY**

A.R.S. § 25-230 mandates that each licensing board or agency that issues professional or occupational licenses or certificates must obtain and record the social security number of an applicant for professional or occupational license or certificate. Therefore, it is mandatory that you provide your social security number on the enclosed Social Security Number Supplemental form and return it to the Board with your application.

To assist the Board in complying with this statute, we are providing this supplemental form for your social security number and personal information.

Institutional Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Personal Information:**

United States Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony (include no contest pleas)? \_\_\_ Yes \_\_\_ No  
If yes, explain in a typed addendum.

**PLEASE NOTE:**

**THE ABOVE INFORMATION IS CONSIDERED “CONFIDENTIAL INFORMATION” AND NOT A PART OF THE “PUBLIC RECORD”. ACCORDINGLY, ALL INFORMATION IS MAINTAINED IN CONFIDENTIAL STATE BOARD FILES.**

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**INSTRUCTOR RESUME FORM**

Submit this form for each person employed in an instructional capacity, full or part-time. Please notify the Board within 30 days of any additions or deletions in an institution's instructional staff.

\_\_\_\_\_  
**Institutional Name** **Date**

\_\_\_\_\_  
**Address** **City** **State** **Telephone**

**POSITION INFORMATION FOR:**

\_\_\_\_\_  
Instructor Name

Date Employed By Institution: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Name the title of each Program, Courses, or Subject to be Taught: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL INFORMATION AND CERTIFICATIONS RECEIVED:**

Name of Institution, City, State	Dates Attended	Major Study/ Degree Conferred

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**PROFESSIONAL HISTORY:**

<b>Dates: Month &amp; Year</b>	Employer: Name, Address, Phone	Position	Reason For Leaving

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**REFERENCE:** Identify at least three persons not related to you, whom you have known at least one year:

Name	Business Address	Business Telephone	Years Acquainted

**I certify that the foregoing information is complete and accurate and it is understood that this resume, including any attachments thereto, will remain the property of the Arizona State Board for Private Postsecondary Education. I authorize said Board to obtain such information as it may require concerning the statements made in this application.**

\_\_\_\_\_  
Institutional Name

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Signature and Title of Institutional Officer

\_\_\_\_\_  
Date