



ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION

612 SOUTH SUMMIT STREET, SUITE 102

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FORM 1000

SCHOOL – ORIGINAL APPLICATION

TYPE OF SCHOOL: _____ RESIDENT _____ CORRESPONDENCE _____ COMBINATION

A. INFORMATION FOR THIS SITE

NAME OF SCHOOL _____

ADDRESS (LOCATION) _____ CITY STATE ZIP

ADDRESS (MAILING) _____ CITY STATE ZIP

TELEPHONE NUMBER _____ TOLL FREE NUMBER _____

FAX NUMBER _____ E-MAIL ADDRESS _____

WEBSITE _____ ADMINISTRATIVE OFFICIAL AT THIS SITE _____

DATE OF FOUNDING _____ Continuous operation since founding? _____ YES _____ NO If NO, explain

B. OWNERSHIP

1. FORM OF OWNERSHIP _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER (EXPLAIN) _____

IF DIFFERENT FROM A, COMPLETE THE FOLLOWING INFORMATION FOR THE PARENT COMPANY

NAME _____

ADDRESS (MAILING) _____ CITY STATE ZIP

TELEPHONE NUMBER _____ TOLL FREE NUMBER _____

FAX NUMBER _____ E-MAIL ADDRESS _____

WEBSITE _____ CONTACT PERSON, NAME AND TITLE _____

2. Complete FORM 6100 – OWNERSHIP LIST.

3. For each partner or shareholder with 10% or more ownership interest in the school as listed on FORM 6100 above. Submit FORM 6000 – OWNERS BACKGROUND INVESTIGATION FORM AND SBPCE FORM 6050 – ARKANSAS STATE POLICE RECORD CHECK FORM.

C. INSTRUCTORS

1. Complete FORM 3100 - INSTRUCTOR REGISTRATION LIST.

2. Submit appropriate completed INSTRUCTOR RECORD OF QUALIFICATION FORM for each instructor.

BOARD USE ONLY CK OR MO# DATE OF CK/MO REC'D S

D. STUDENT CONTRACTS, COMPLETION CERTIFICATE, AND TRANSCRIPT

1. Attach one (1) copy of the enrollment application and/or student-school contract form.
2. Attach one (1) sample copy of the completion certificate and/or diploma that will be awarded to students.
3. Attach one (1) sample copy of the student transcript.

E. SCHOOL CATALOG

1. One (1) copy of the current school catalog/bulletin, in printed form, must be attached as part of this application.
2. Complete and attach FORM 7000 - CATALOG CERTIFICATION FORM to your catalog.

F. PROGRAMS

1. List below in alphabetical order the program(s) you propose to offer, as well as, the length and cost of the program(s) (cost = registration fee + tuition).

PROGRAM TITLE	*LENGTH OF COURSE	REGISTRATION FEE	TUITION FEE	TOTAL COST

***CLOCK OR CREDIT HOURS AND/OR NUMBER OF CORRESPONDENCE LESSONS.**

2. FORM 2000 – NEW PROGRAM OF STUDY form shall be completed and attached for each new program proposed.

G. SCHOOL FACILITY

1. Are all programs offered in your regular school building? ____ YES ____ NO If NO, complete FORM 1080 – EXTENSION COURSE SITE APPLICATION.
2. Attach a copy of a school floor plan which identifies windows, halls, rest rooms, classrooms, offices, and storage space. The size of each classroom and its seating capacity shall be clearly marked. The floor plan need not be drawn to scale. Schools offering programs in public meeting facilities are exempt from this requirement.
3. Attach a copy of a fire inspection report that has been completed within the past six (6) months. Schools offering programs held in public meeting facilities are exempt from this requirement.

H. ADMISSIONS REPRESENTATIVES

1. Are admissions representatives employed? YES NO If YES, are they FULL-TIME PART-TIME
Are they paid on SALARY and/or COMMISSION basis? If commission basis attach a copy of the payment plan.
2. Submit completed FORM 5000 – ADMISSIONS REPRESENTATIVE – ORIGINAL APPLICATION form for each applicant.

I. GENERAL INFORMATION

1. Do you allow full (hour for hour) credit on work done by a student in the same course offered at another school?
 YES NO If YES, explain _____
2. Do you allow credit for prior occupational training or experience? YES NO If YES, explain

3. Does your school offer scholarships? YES NO If YES, explain _____
4. Do you award certificates of completion to fast learners who may terminate training prior to scheduled completion date, but who have already reached the level of skill and/or proficiency projected as the terminal objective of the course?
 YES NO If No, state the reason _____

J. FINANCIAL INFORMATION

1. Name and address of bank(s) with which you do business.

_____	CITY	STATE	ZIP
_____	CITY	STATE	ZIP

2. Does your school participate in Federal Financial Aid programs? YES NO If YES, submit the most recent copy of audit of such programs as submitted to the Education Department Audit Agency, Office of Inspector General. Give the date of most recent audit _____
3. Complete and attach FORM 4020 – INCOME PROJECTION.
4. Schools with tuition equal to or less than one thousand dollars (\$1,000) shall submit completed FORM 4000 – FINANCIAL CERTIFICATION with the most recent balance sheet.
5. Hospital-Based schools shall submit copies of the departmental budgets with FORM 4000 - FINANCIAL CERTIFICATION.
6. Schools with tuition in excess of one thousand dollars (\$1,000) shall provide the most recent financial statement that:
a) was prepared by a certified public accountant or public accountant registered with the appropriate board of public accountancy,
b) And includes:
(1) a balance sheet,
(2) a statement of income and retained earnings,
(3) statement of cash flow, and
(4) gross amount of annual student tuition and fees for each school,
(5) as well as, accountant notes to the financial statement.
7. If this application is to offer Driver’s Education complete FORM 4700 – DRIVER EDUCATION INSURANCE CERTIFICATION.

K. STATE LICENSURE AND ACCREDITATION

1. Is your school currently approved by any other state(s) educational agency? YES NO If YES, indicate the state(s) _____
2. Has the license of this school ever been suspended or revoked? YES NO If YES, provide written documentation as to the cause of the suspension or revocation.
3. Does an accrediting commission that is recognized by the United States Department of Education currently approve your school? YES NO If YES, complete the following:
 Accrediting Commission _____
 Date of original accreditation _____ Date of last on-site visit _____

L. SURETY BOND

Schools that have a total cost per program of more than \$3,000 shall complete FORM 4600 – SURETY BOND.

M. LEGAL ACTIONS

Have any legal actions been initiated against or by this school in the last twelve (12) months? YES NO If YES, complete and attach FORM - 8100 LEGAL ACTION NOTICE.

N. MAILING LIST

The State Board of Private Career Education shall be placed on the school’s mailing list.

O. CERTIFICATE OF COMPLIANCE

I certify that I have presented true statements throughout this application form and attachments submitted herewith to the best of my knowledge and belief. I agree to conduct the school as it affects residents of Arkansas, in accordance with Arkansas Code 6-51-601 et. al. and Regulations of the State Board of Private Career Education.

Typed Name of Official Title

Signature of Official Date

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public My Commission Expires _____