



ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION

612 SOUTH SUMMIT STREET, SUITE 102

LITTLE ROCK, AR 72201-4740

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FORM 1100

CAREER SEMINAR SCHOOL – ORIGINAL APPLICATION
TUITION PLUS REGISTRATION SHALL BE LESS THAN \$500,
IF GREATER THAN \$500 COMPLETE FORM 1000.

A. INFORMATION FOR THIS LICENSE

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. "X" THE TYPE OF LICENSE FOR WHICH YOU ARE MAKING APPLICATION

- \$415 to offer one (1) day eight (8) hour seminars in one location (city or town) in the state during the licensure year.
\$415 1-4 seminars
\$690 5-9 seminars
\$965 10+ seminars
to offer one (1) day eight (8) hour seminars in various locations in the state during the licensure year. If additional locations are added and this moves your license to the next level, the additional fee shall be included with your list of new locations.

List the Arkansas town(s) or cities in which you will be offering programs and the number of seminars to be held in each

ATTACH AN ADDITIONAL SHEET IF NEEDED

C. 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.

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

D. 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.

E. 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.

F. 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.

G. 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.

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. 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 _____

J. 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	CLOCK HOURS IN COURSE	REGISTRATION FEE	TUITION FEE	TOTAL COST

K. 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 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.

L. 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 _____

M. MAILING LIST

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

N. 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 _____