



Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0818

OFFICE USE ONLY
Date Stamp _____
SAIL application # _____
Application fee _____ Date _____
School Code _____
Revenue Code 1257009M

Application for Approval to Operate for an Institution Non Accredited

(California Education Code §§ 94885, 94887; Title 5, California Code of Regulations §§ 71110-71340)

(\$5,000.00 Non Refundable Application Fee)

1. INSTITUTION (5 C.C.R. Section 71110)

Name of Institution: _____

Physical Address of the Primary Administrative
Location in California: _____

City _____ State _____ Zip _____

Institution's
Mailing Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Website Address: _____

Physical Address of Main Campus: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Physical Address of Branch/Satellite
If not applicable so state: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Contact Person for this Application

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

2. FORM OF BUSINESS ORGANIZATION (5 C.C.R. Section 71120)

Individually owned; sole proprietorship

General Partnership

Limited Partnership

For Profit Corporation

Non-Profit Corporation

Limited Liability Corporation

State where incorporated

Date of Incorporation

(Attach copies of the articles of incorporation and bylaws.)

3.1 OWNER(S) (5 CCR Section 71110, 71130)

List all people who own or control 25% or more of the stock or interest in the Institution or any other person who exercises substantial control over the institution’s management or policies, or any other financial involvement in the institution. Attach separate sheets if necessary.

Please check here if addition sheet(s) is (are) attached.

Name

Title:

Physical Address (Home Address)

Federal Employer Identification Number for Partnerships;
Social Security Number for sole owners*:

City

State

Zip

Telephone Number

Email Address

Percentage of Ownership:

Nature of Interest:

Name

Title

Physical Address (Home Address)

Federal Employer Identification Number for Partnerships;
Social Security Number for sole owners*:

City

State

Zip

Telephone Number

Email Address

Percentage of Ownership:

Nature of Interest:

*Disclosure of your federal employer identification number (EIN) or social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA 405 (c)(2)(C) authorize collection of your EIN/SSN. Your EIN/SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your EIN/SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

3.2 Attach a Statement from anyone listed in 3.1 who:

a) Was found in any judicial or administrative proceeding to have violated the Act or the law of any other state related to untrue or misleading advertising, the solicitation of prospective students for enrollment in an educational service, or the operation of a postsecondary school.

b) Was denied any type of license on grounds set forth in Section 480 of the Business and Professions Code.

c) Was adjudicated as responsible for the closure of an institution in which there were unpaid liabilities to the state or federal government or any uncompensated pecuniary losses suffered by students

d) Has stipulated to a judgment or administrative order or entered a consent decree involving any matters described in this section.

e) Was convicted of any misdemeanor or felony as provided in Section 480(a)(1) of the Business and Professions Code.

Please check here if there is an (are) attachment(s)

3.3 Explanation of Pending Actions

Provide an attachment(s) explaining any legal action pending against the institution or ownership or any of the institution's owners, officers, corporate directors administrators or instructors by any federal, state, or local law enforcement agency involving alleged acts of fraud, dishonesty, financial mismanagement, unpaid liabilities to any governmental agency or claims for pecuniary loss suffered by any student.

Please check here if there is an (are) attachment(s)

4. AGENT FOR SERVICE OF PROCESS WITHIN CALIFORNIA (5 C.C.R. Section 71135)

Name

Physical Address
(not the address of the school)

City

State

Zip

Email Address

Telephone Number

Fax Number

I confirm my contact information listed above and acknowledge that I am the designated agent for service of process.

Signature

Date

5. ORGANIZATION AND MANAGEMENT (5 C.C.R. Section 71140)

Include an organization chart that shows the governance and administrative structure of the institution and the relationship between faculty and administrative positions.

Document is attached: Yes No

Provide a description of the job duties and responsibilities of each administrative and faculty position.

Document(s) is (are) attached: Yes No

Identify the chief executive officer, chief operating officer, and chief academic officer and describe their education, experience, and qualifications to perform their duties and responsibilities.

Document(s) is (are) attached: Yes No

6. GOVERNING BOARD (5 C.C.R. Section 71150)

If the institution has a governing board, include the name, e-mail address, work address and telephone number of each member of the governing board.

Document is attached: Yes No (If No, explain why)

7. MISSION AND OBJECTIVES (5 C.C.R. Section 71170)

Describe in detail the institution's mission and objectives

Document is attached: Yes No

8. INSTITUTION REPRESENTATIVE (5C.C.R. Section 71160)

Name	Email Address	
Address		
City	State	Zip
Telephone Number	Fax Number	

9. EXEMPLARS OF STUDENT AGREEMENTS (5 C.C.R. Section 71180)

Include exemplars of all student enrollment agreements and instruments of indebtedness.

Document is attached: Yes No

10. FINANCIAL AID POLICIES, PRACTICES, AND DISCLOSURES (5 C.C.R. Section 71190)

If the institution receives financial aid because its students qualify for it under any state or federal financial aid program, include a statement of the policies, practices, and disclosures regarding financial aid.

Document is attached: Yes No

11. ADVERTISING AND OTHER PUBLIC STATEMENTS (5 C.C.R. Section 71200)

Include copies of advertising and other statements disseminated to the public in any manner by the institution or its representatives that concern, describe, or represent the institution and each educational program offered by the institution.

Document is attached: Yes No (If No, explain why)

If advertising is broadcasted by television or radio, include a copy of the script.

Document is attached: Yes No (If No, explain why)

12. INSTRUCTION AND DEGREES OFFERED (5 C.C.R. Section 71210)

Identify and describe the educational program(s) the institution offers or proposes to offer.

If the educational program is a degree program, identify the full title including the name of a specific major field of learning involved, which the institution will place on each degree awarded.

List the following for each educational program offered:

1. The admissions requirements, including minimum levels of prior education, preparation, or training;
2. If applicable, information regarding the ability-to-benefit examination as required by section 94904 of the Code.
3. The types and amount of general education required.
4. The title of the educational programs and other components of instruction offered.
5. The method of instruction.
6. The graduation requirements.
7. If the educational program is designed to fit or prepare students for employment in any occupation, identify each occupation and job title to which each educational program is represented to lead.

Document is attached: Yes No

13. DESCRIPTION OF EDUCATIONAL PROGRAM (5 C.C.R. Section 71220)

Each educational program meets the requirements of 5 C.C.R. section 71710? Yes _____ No _____

Educational Program:

1. Describe each educational program.
2. The equipment to be used during the educational program
3. The number and qualifications of the faculty needed to teach the educational program.
4. A projection and the bases for the projection of the number of students that the institution plans to enroll in the educational program during each of the three years following the date the application is submitted.
5. The learning, skills, and other competencies to be acquired by students who complete the education program
6. If licensure is a goal of an education program, a copy of the approval from the appropriate licensing agency. A copy of the intent to approve conditioned solely upon institutional approval from the Bureau will also meet this requirement.

Please Note: Upon request, the institution shall provide to the Bureau copies of the required curriculum or syllabi (5 C.C.R. section 71220, 71710)

Document is attached: _____ Yes _____ No

14. INSTRUCTION IN LANGUAGES OTHER THAN ENGLISH (5 C.C.R. Section 71230)

For an educational program, or a portion of it, in a language other than English, describe all the following for each educational program or portion:

The language in which each educational program will be offered.

A statement that the institution has contracted with sufficient duly qualified faculty who will teach each language group of students.

The language of the textbooks and other written materials to be used by each language group of students.

Document is attached: _____ Yes _____ No (if no, indicate reason)

15. FINANCIAL RESOURCES AND STATEMENTS (5 C.C.R. Section 71240)

This institution has and can maintain the financial resources required pursuant to 5 C.C.R. section 71745.

Please check one: _____ Yes _____ No

Submit current, audited financial statements that are in compliance with 5 C.C.R. section 74115 along with this application for approval to operate.

Documents are attached: _____ Yes _____ No

16. FACULTY (5 C.C.R. Section 71250)

The institution has contracted with sufficient duly qualified faculty members who meet the qualification of 5 C.C.R. section 71720.

Please check one: _____ Yes _____ No

17. FACILITIES AND EQUIPMENT (C.C.R. Section 71260)

For each program offered, describe the facilities and the equipment, which is available for use by students at the main, branch, and satellite locations of the institution.

Document is attached: Yes No

For facilities that are leased or rented, include the name and address of the lessor or landlord, together with a copy of any use, lease, or rental agreements for the facilities.

Document is attached: Yes No (if no, indicate reason)

Include building diagrams or campus maps. The diagrams or maps shall identify the location of classrooms, laboratories, workshops, and libraries.

Document is attached: Yes No

Include specifications of significant equipment that demonstrate that the equipment meets the standards prescribed by the Code and is sufficient to enable students to achieve the educational objectives of each educational program.

For each item of significant equipment, indicate whether the equipment is owned, leased, rented, or licensed for short or long term, or owned by another and loaned to be used without charge.

Document is attached: Yes No

List all permits, certifications, or other evidence of inspections or authorizations to operate required by the jurisdictions within which the institution operates that the institution has obtained, and/or an explanation as to why those permits, certification, or inspections have not yet been obtained.

Document is attached: Yes No (if no, indicate reason)

18. LIBRARIES AND OTHER LEARNING RESOURCES (5 C.C.R. Section 71270)

Describe library holdings, services, and other learning resources, including policies and procedures for supplying them to students who do not receive classroom instruction.

Include an explanation of how the library and other learning resources are sufficient to support the instructional needs of students.

If no facilities exist at the institution, how and when students may obtain access to a library and other learning resources as required by the curriculum.

Document is attached: Yes No (if no, indicate reason)

19. JOB PLACEMENT ASSISTANCE (5 C.C.R. Section 71280)

If an institution represents to the public, in any manner, that it offers job placement assistance, include a description of the job placement assistance that it provides.

Document is attached: Yes No (if no, indicate reason)

20. COPY OF CATALOG (5 C.C.R. Section 71290)

Include a copy of the institution's catalog, including addenda reflecting newly approved educational programs, in published or proposed-to-be-published form.

Document is attached: Yes No

21. GRADUATION OR COMPLETION DOCUMENTS (5 C.C.R. Section 71300)

Submit a copy of the document that is awarded to a graduating student upon successful completion of each educational program.

Document is attached: Yes No

22. RECORDKEEPING; CUSTODIAN OF RECORDS (5 C.C.R. Section 71310)

Describe how records required by Article 9 of the Act are or will be organized and maintained, the types of documents contained in student files, how the records are stored, and whether academic and financial records are maintained in separate files.

Include a statement of the institution's procedures for security and safekeeping of records.

Document is attached: Yes No

Custodian Of Records

Name Email Address

Physical Address

City State Zip

Telephone Number

Location of Records

Provide the physical address(es) and telephone number(s) of the location of the buildings where records are or will be stored.

23. SELF-MONITORING PROCEDURES

Describe the procedures used by the institution to assure that the institution is operated and maintained in compliance with the Act and this Division.

Document is attached: Yes No

24. ADDITIONAL INFORMATION (5 C.C.R. Section 71340)

Include any material facts, which have not otherwise been disclosed in the application that without inclusion would cause the information in the application to be false, misleading or incomplete or that might reasonably affect the Bureau's decisions to grant an approval to operate.

Document is attached: Yes No

The institution may also include any other facts that the institution would like the Bureau to consider in deciding whether to grant an approval to operate.

Document is attached: Yes No

DECLARATION UNDER PENALTY OF PERJURY (5 C.C.R. Section 71380)

- Each owner of the institution, or
 - If the institution is incorporated, by the chief executive officer of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
 - By each member of the governing body of a nonprofit corporation.
-

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature

Date

Name

Address

City

State

Zip

Owning _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature

Date

Name

Address

City

State

Zip

Owning _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____

Attach Additional Sheet(s) if Necessary



Approval to Operate Application Optional Questionnaire

Business and Profession Code Section 114.5 requires all boards, bureaus, committees and commissions within the Department of Consumer Affairs to ask whether an applicant is serving in, or has previously served in, the military. Answering these questions is optional but if you can check “YES” to both questions below, please return this insert with your application for an approval to operate.

1) Is your institution individually owned or a sole proprietorship?	Yes <input type="checkbox"/> <i>If “Yes,” proceed to question 2 below.</i>
2) As the owner of the institution, are you currently serving, or have you previously served, in the military?	Yes <input type="checkbox"/>
If checked YES to Questions 1 and 2, please return this form with your approval to operate application, completing the information below. Name of Institution: _____	