

Accreditation Application Form

1. Program Information

School/Organization Name and Address:	Program Name:
Goals of Program:	Description of Program Content:
Goals of Programs and Scope of Activity:	Learning Objectives:
Teaching Methods Used:	Costs:
Program Provider/Joint-Provider/Contract Source:	Number of instructors:
Refund and Cancellation Policies:	Locations:
Dates/Intakes:	Number of hours awarded by educational method used:

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	(lecture, electronic, etc...):
Time and period of availability for self-instruction Courses:	Names of entities providing commercial support:
Prerequisites:	Program Website Page:
Name of Contact Person:	Contact information for contact person
	Phone Number:
	Email:
	Address:



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2. Instructor Information:

Instructor 1: _____

Name: _____

Designations: _____

Number of years delivering the program: _____

Number of years employed by school/organization: _____

Names of other programs delivered (in the school/organization): _____

Names of other programs delivered (in other schools/organizations: _____

Instructor 2: _____

Name: _____

Designations: _____

Number of years delivering the program: _____

Number of years employed by school/organization: _____

Names of other programs delivered (in the school/organization): _____

Names of other programs delivered (in other schools/organizations: _____

Please add another page for each additional instructor.

Please attach a resume for each instructor to your application.