



Office for Career and Technical Schools Accreditation Renewal Checklist

to Operate a Postsecondary Proprietary Educational Institution in the State of Indiana

* Submit all completed materials, including this checklist, as a *single packet* to:

ATTN: Department of Workforce Development
Office for Career and Technical Schools
10 N. Senate Avenue, Suite SE 308
Indianapolis, IN 46204

Use this checklist before submitting your application.

DOCUMENT TITLE	DOCUMENT LINKS
Accreditation Renewal Application, signed and notarized (mail)	(below)
Current Programs Offered (must be printed in landscape)*	xlsx
Graduation & Drop (must be printed in landscape)*	xlsx
Graduation Rate Information (must be printed in landscape)*	xlsx
Placement (must be printed in landscape)*	xlsx
OCTS Refund Policy contained in enrollment agreement and catalog*	pdf
Enrollment Agreement Checklist*	pdf
Financial Report Submission Sheet with notary signature & seal, balance sheet and income statement (mail)	pdf
Regulation Statement contained in enrollment agreement and catalog*	pdf

* Materials may be submitted electronically to OCTS@dwd.in.gov; however, fees and any/all notarized documents must be sent via postal service. Applications will not be processed until the fee is received.

DO NOT SEND CASH.

Complete ALL documents electronically. **Handwritten submissions will NOT be accepted.**

NOTE: This application cannot be completed on a mobile device. If using a PC, use Chrome or Internet Explorer; if using a Mac, use Chrome or Safari. SAVE A COPY FOR YOUR RECORDS.



Office for Career and Technical Schools Application for Accreditation Renewal

Instructions:

Complete the following pages and steps. The completed application and renewal fee must be submitted via mail together to: Office for Career and Technical Schools, 10 N. Senate Ave., SE 308, Indianapolis, IN 46204. Mail and email the Excel documents to OCTS@dwd.in.gov. Items submitted separately will be returned.

NOTE: This application cannot be completed on a mobile device. If using a PC, use Chrome or Internet Explorer; if using a Mac, use Chrome or Safari. SAVE A COPY FOR YOUR RECORDS.

- 1) Placement information is to be provided by those institutions which offer placement assistance. If no placement assistance is given, then only the graduate and drop-out information is to be furnished. If your institution is located outside the State of Indiana, statistics for only Indiana students should be provided.
- 2) Provide verification that the institution is utilizing the required Regulation Statement in promotional materials, internet advertisements, social media, and contracts (see attached copy).
- 3) OCTS Refund Policy must be printed verbatim on the enrollment agreement and/or catalog.
- 4) Submit contract, catalog, and refund policy with this application. NOTE: Schools must use the OCTS Refund Policy verbatim.
- 5) If Applicable, submit copies of the most current approval letters from the home state accrediting body and national/regional accrediting body reflecting the date approval was issued and date accreditation expires.
- 6) Attach any supportive documents (on 8 ½ X 11 paper) to assist fully explaining your answers.
- 7) Affix appropriate signatures and notarize form before returning to OCTS.
- 8) As specified by Indiana Code 22-4.1-21-14(8), provide proof of liability insurance for students.
- 9) Attach the accreditation renewal fee (see *current Fee Schedule for exact amount*). Make checks payable to the State of Indiana.

- 10) Attach a completed Financial Submission Sheet (SF 39285). NOTE: Financial statements must be attached to this document as indicated in Item 2 on the Financial Report Submission Sheet.
- 11) If the facility is not owned by the institution, provide a copy of a current signed lease agreement between the institution and the landlord/owner. Provide the landlord/owner's name, address and telephone number.
- 12) Develop a written student complaint process explaining the student's right to file a complaint with the school administrator. Include a statement informing students that if the complaint cannot be resolved, students may file a formal complaint with OCTS. Provide a space on the document for the student to sign and date acknowledging they understand the complaint process.
- 13) Develop a student code of conduct listing behavior and/or actions that will result in dismissal. Provide a space on the document for the student to sign and date acknowledging they understand the code of conduct.

NOTE: PREVIOUS EDITIONS OF THIS FORM WILL NOT BE ACCEPTED.



Application for Accreditation Renewal

Submit to:

Department of Workforce Development
Office for Career and Technical Schools
10 N. Senate Ave, SE 308
Indianapolis, IN 46204

Complete
electronically.
Handwritten
submissions will
NOT be accepted.

Renewal Application Fee: \$500.00
Check made payable to:
State of Indiana

In compliance with Indiana Code (IC) 22-4.1-21, this accreditation renewal application is being submitted on this _____ day of _____, _____, as a fulfillment of our request to continue operations in Indiana as a postsecondary proprietary educational institution.

1a. Name of Institution	1b. FEIN
2. Location of Institution (<i>Address, City, State, Zip Code</i>)	
3. Telephone Numbers (<i>General Line, Toll Free Line, Direct Line to Owner</i>), Fax Number Phone: Fax:	
4. Name of Owner	
5. Email Address of Owner	
6. Name of Chief Administrative Officer (Renewal Campus)	
7. Email Address of Chief Administrative Officer (Renewal Campus)	

8. Name of Chief Administrative Officer (Main Campus)		
9. Email Address of Chief Administrative Officer (Main Campus)		
10. Institution Website		
11. Institutional Surety Bond Amount \$	Beginning Date (<i>month, day, year</i>)	Ending Date (<i>month, day, year</i>)
12. Years under Present Ownership		13. Year institution was established
14. State of Licensure & expiration date		15. Name and email of person completing this application

<p>16. Do you have any Federal Agency Approvals?</p> <p><i>If Yes, Please list agency(ies)</i></p> <p style="text-align: right;">___ Yes ___ No</p>
<p>17. Do you have any National or Regional Accreditations?</p> <p><i>(If yes, please list Accrediting Commission(s) with beginning and expiration dates:</i></p> <p style="text-align: right;">___ Yes ___ No</p>
<p>18. List any and all other states in which your institution is approved</p>

19. Does the institution have specific admission requirements?

___ Yes ___ No

If yes, please indicate:

___ High School Diploma/Equiv.

___ Visit to School

___ Personal Interview

___ Admissions Test

___ Other

Name of test(s) (if applicable):

Other (if applicable):

20. Program admission

___ Annual

___ Quarterly

___ Monthly

___ Weekly

___ Other

Dates (other if applicable):

21. Is the student required to sign an enrollment agreement?

___ Yes ___ No

22. Is the student required to sign a separate contract for training?

___ Yes ___ No

23. Is a registration fee required?

If yes, please specify:

___ Yes ___ No

24. Are there other pre-enrollment fees?

If yes, please specify:

___ Yes ___ No

25. Is housing, provided by the institution, available for students?

If yes, please specify:

___ Yes ___ No

26. Is free parking available for students?

How many miles to the nearest public parking lot?

___ Yes ___ No

How many miles to the nearest public transportation?

Financial Assistance

27. Student financial assistance available: ___Loans ___Grants ___Scholarships ___Work Study ___Other

Types of loans available:

Other financial assistance:

28. Is a tuition payment plan available to students?

If yes, please specify:

___ Yes ___ No

29. Does the school assist students in finding employment?

If yes, please specify whether it is:

___ Yes ___ No

___ While in school ___ After graduation

Credential Information

Click here to access the [Current Programs Offered](#) form.

30. List any deletions or additions of programs offered since the previous accreditation renewal was submitted (*if no changes or this is your first renewal, please enter "n/a"*):

Programs Deleted	Programs Added

Administration and Faculty

31. List all current administrative personnel including names and positions:

Name:	Position:

32. List all current instructors indicating each individual's program of instruction:

Name:	Program of instruction:

Graduate / Drop Information

33. Provide a list of graduates by program. Include the student's name, complete address and telephone number. This information should start with the beginning of the current reporting period to the present time period. Please attach this information to this application. **DO NOT INCLUDE SOCIAL SECURITY NUMBERS OR DATE OF BIRTH INFORMATION.**

Provide a list of all students that have dropped out or have been terminated by program. Include the student's name, complete address and telephone number. This information should start with the beginning date of the current report period to the present time period.

Out of state institutions: provide only information pertaining to Indiana residents.

Click here to access the [Graduation & Drop](#) form and the [Graduation Rate Information](#) form.

Placement Information

34. Is placement assistance offered for student who complete programs at your school? ___ Yes ___ No	
<i>If yes, please describe services offered:</i>	
<i>If yes, please complete the Placement form</i>	
Name of Placement Director:	Phone Number:

Corporate Information and Certification

35. List any changes or additions in national accreditation that have taken place in the past year:

36. Has there been a change in your corporate status?

___ Yes ___ No

If yes, submit a complete copy of the incorporation papers.

37. List the individual names and address of stockholders owning 5% or more of stock in the school or corporation with the percentage owned by each stockholder indicated:

Name	Address	Percentage of Ownership

38. If the school is incorporated and owned by another corporation, list the names and addresses of the stockholders owning 5% or more of the stock in the parent corporation. Please indicate the percentage owned by each stockholder:

Name	Address	Percentage of Ownership

39. **All institutions:** you must provide evidence of a valid Certificate of Authority with the Indiana Secretary of State's Office (SOS). For more information, visit SOS's website at www.in.gov/sos.

Fire Inspection, Liability Insurance & CCSAF

40. Fire Inspection – Indiana institutions must submit a copy of a current, ANNUAL (within the last 12 months) fire inspection report performed by your *local municipal fire department*. If applicable, submit a copy of the re-inspection report showing violations have been corrected. The fire inspection must be from a *local municipal fire department*, not a private fire inspection company. The accreditation renewal will NOT be complete without a proper fire inspection.

41. Submit proof of commercial general liability insurance.

42. CCSAF – If Career College Student Assurance Fund Payment(s) are outstanding, the renewal application will not be approved until payment(s) are current.

Background Check

43. Has the owner or chief administrator been convicted of a felony? Yes No

IC 22-4.1-21-23 (Accreditation standards) does not allow accreditation to be issued if the owner or chief administrator has been convicted of a felony, and IC 22-4.1-21-20(q) (Investigation) allows for OCTS to make an investigation to determine the accuracy of the statement in this application; per OCTS policy, a background check is used for this verification.

Please click the link below and follow the onscreen instructions to complete the background check:

https://baradainc.screenmenow.com/Default.aspx?c=BARA_02543&s=BARA_01277

Barada Inc. provides background check services for OCTS at no charge to the institution. Any questions regarding the background check process should be directed to Barada.

Barada Inc. contact information:

800-616-5917 or email customerservice@baradainc.com



OCTS Accreditation Renewal Notary Page

Please supply the following information and signatures to complete the renewal application.

Owner or Chief Administrator Signature	Title
Printed Name of owner or chief administrator	Date
County of _____ State of _____	Notary Seal:
Subscribed and Sworn before me this _____ day of _____, 20____	
Notary Signature	
Notary Printed Name	
Commission Expiration Date	

I attest that all answers are accurate to the best of my knowledge. A person who, with intent to defraud, represents a postsecondary proprietary educational institution commits a Level 5 felony.

I understand that I must mail the application, in its entirety, and notary page to the Office for Career and Technical Schools.

PREVIOUS EDITIONS OF THIS FORM WILL NOT BE ACCEPTED