Indiana Commission for Higher Education/
Indiana Board for Proprietary Education

Out-of-State Institutions and In-State Proprietary Institutions Offering Instruction in Indiana with a Physical Presence* in the State:

Application for Initial Institutional Authorization

1. Name of Institution: Franciscan Alliance School of Osteopathic Medicine

2. Address of campus: US 231 and I-65 Crown Point, Indiana 46307

3. The institution is accredited by or seeking accreditation from: the Higher Learning Commission
(Must be an accrediting agency that is recognized by the U.S. Department of Education or Secretary of Education)
Submit documentation from the accrediting body indicating the institution's status.
We require permission from Indiana first to move on to Higher Learning Commission (HLC) and Commission on Osteopathic College Accreditation (COCA) accreditations.

4. Provide information on the current status of any approvals needed by licensing boards.
No licensing board approvals are needed.

5. The institution has its principal campus in the State of: Indiana

6. Provide the institution's most recent Federal Financial Responsibility Composite Score, whether published online, provided in written form by the U.S. Department of Education, or calculated by an independent auditor using the methodology prescribed by the U.S. Department of Education.

Franciscan Alliance, Inc.'s most recent Federal Financial Responsibility Composite Score published on the Department of Education website is **2.2**. see attached screenshots.

7. The institution submits the following information for each certificate and diploma program to be offered [Do **not** submit degree programs; these require a separate application]:

CIP Code	Program Name	Level	Length	Cr. or Cl. Hrs.	Indicate Annual or Cr. Hr. Tuition
51.1202	Doctor of Osteopathic Medicine Program	Doctorate	4 years	183 Credit hours	$60,000/yr
26.0102	Master of Science in Biomedical Science Program	Master's	1 year	30	$22,500/yr

8. The institution is submitting payment in the amount of $2,500.00 (check made payable to the State of Indiana).

9. Provide a copy of the most recent inspection report from the local municipal or rural Indiana fire department. The building is still in its design phase.

10. Provide documentation of liability insurance to cover students.

    Hills insurance is owned by FA and the president is Kevin Leahy. Attached is a letter verifying that students will have coverage.

    Letter from President of FA

11. If your institution is incorporated in the State of Indiana, please include a current copy of your *Articles of Incorporation* as filed with the Indiana Secretary of State. If your main campus is located out-of-state but you have a physical presence in Indiana, then you must provide a copy of the *Certificate of Authority*. For further information visit the Indiana Secretary of State webpage at: http://www.in.gov/sos/business/2426.htm

    Articles of Incorporation - Franciscan Alliance

12. For-profit institutions must list the names and addresses of the institution's stockholders owning 5% or more of stock in the institution or corporation.
    NA

13. Provide the latest published Financial Responsibility Composite Score (FRCS), or if a newer U.S. DOE FRCS has been issued attach the letter.
    See attached

14. Attach a copy of your current or proposed catalog, institutional student contract, or enrollment agreement. The Statement of Authorization and Indiana Uniform Refund Policy is required in all catalogs and may be appropriate for inclusion in other documents such as institutional student contract, enrollment agreements and other materials.

FASOM student enrollment agreement

15. Campus Director information:

    Name of Campus Director: Gerald Maloney DO
    Title of Campus Director: Sr Vice President, Chief Medical Officer, and Dean
    Phone Number of Campus Director: 570-239-3787

    Email of Campus Director: Gerald Maloney <gerald.maloney@franciscanalliance.org

I affirm that the information submitted on this form is true and correct to the best of my knowledge and that all supportive statements and documents are true and factual:

Person submitting this form: Shannon Ramsey Jimenez DO, MPHE, FACOFP

Position title of person submitting this form: Associate Dean for Medical Education
Phone number contact of person submitting this form: 919-222-5442

Email contact of person submitting this form: shannon.ramseyjimenez@franciscanalliance.org

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