

**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: **Hardon Educational Institute**
2. Address of campus: **2186 N Sherman Dr, Indianapolis, IN 46218**
3. The institution is accredited by or seeking accreditation from:
(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 current status.
Please see Attachment A
4. Provide information on the current status of any approvals needed by licensing boards.
Please see Attachment B and Attachment C
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.
Please see Attachment D
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]: **Information located on Degree Application**

CIP Code	Program Name	Level	Length	Cr. or Cl. Hrs.	<u>Indicate</u> <u>Annual or</u> <u>Cr. Hr. Tuition</u>
51.3901	Practical Nursing	Certificate	1 Yr	880 Clock Hours	\$255 / Credit Hour
	Home Health Aide - IDOH Approved - 100% pass rate	Certificate	4 Weeks	40 Clock Hours	\$500 (total cost)
	Nurse Aide - IDOH Approved - 100% pass rate	Certificate	6 Weeks	105 Clock Hours	\$875 (total cost)
	Qualified Medication Aide - IDOH Approved - 79% pass rate	Certificate	12 Weeks	100 Clock Hours	\$975 (total cost)
	Medical Assistant - OCTS Approved - 86% pass rate	Certificate	16-24 Weeks	430 Clock Hours	\$5500 (total cost)

8. The institution is submitting payment in the amount of \$1,000.00 (check made out to the State of Indiana).
9. Provide a copy of the most recent inspection report from the local municipal or rural Indiana fire department. **Please see Attachment E**
10. Provide documentation of liability insurance to cover students. **Please see Attachment F**
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>
Please see Attachment G

- 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. **Please see Attachment H**
- 13. Provide the latest published Financial Responsibility Composite Score (FRCS), or if a newer U.S. DOE FRCS has been issued attach the letter. **Please see Attachment I**
- 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. See Appendix I
Please see Attachment J(Enrollment Agreement), Attachment K(Student Catalog) and Attachment L(Nursing Handbook
- 15. Campus director information:

Name of Campus Director: **Kellee Harney**

Title of Campus Director: **Chief Operations Officer**

Phone Number of Campus Director: **317-388-5375**

Email of Campus Director: kelleeharney@hardoneducation.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: **Brandi London**

Position title of person submitting this form: **Chief Education Officer**

Phone number contact of person submitting this form: **317-388-5375**

Email contact of person submitting this form: brandilondon@hardoneducation.org

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** Defining a Physical Presence*

The Indiana Commission for Higher Education/Indiana Board for Proprietary Education considers any of the following activities to constitute a physical presence in the State of Indiana:

- *On-going occupation of a physical location for instructional purposes;*
- *Maintenance of an administrative office to facilitate instruction;*
- *Short courses with more than 20 classroom hours, or equivalent thereof;*
- *A portion of a full-term course, more than two meetings and more than six clock hours, that takes place in a setting where the instructor or students physically meet; or*
- *Experiential learning opportunities, such as a clinical, practicum, residency, or internship, that have more than ten students from your institution physically and simultaneously present at a single field site.*

The Indiana Commission for Higher Education/Indiana Board for Proprietary Education does not consider the following activities to constitute a physical presence in the State of Indiana:

- *Advertising;*
- *Recruiting;*