

 Initial Application for Accreditation

Name of Organization:

Administrative Address: (for correspondence)

List all Physical Location(s) Where Instruction Takes Place:

Main Administrative Phone:

Public Email address:

Public Website:

Organization Legal Type:

Date Chartered / Authorized to Operate:

Head of Governance Body or Owner:

Chief Executive Officer:

Head of Faculty:

Name and title of members of the Accreditation Team:

Person to Whom ACHENA Correspondence Should Be Directed: (include phone and email)

Courses of Study: Please provide a 1-3 page description of your courses of study, including duration of program(s) and ending designation (diploma or certificate offered)

Does the organization employ distance education as part of any of its program? If yes, please briefly describe:

**Attestation:**

**I hereby attest to the accuracy and completeness of this document and of all attached materials. I certify that I have reviewed the current Standards of Accreditation and I hereby attest that the institution/program(s) is willing to abide by the ACHENA Standards of Accreditation, Policies, and Procedures should accreditation be granted.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chief Executive Officer Date: