

 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:

Indicate: Date Chartered; Date Legal Authorization to Offer Educational Program was Obtained;

Name of Authorizing Body:

Head of Governance Body or Owner:

Chief Executive Officer:

Head of Faculty:

Name and title of members of the School Accreditation Team:

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

Courses of Study: Please provide a description of your courses of study, including duration of program and ending designation (diploma or certificate offered). Add additional pages if needed.

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

Is the organization a party to or subject of any formal complaint, lawsuit, bankruptcy, IRS action, or any other formal matter that may impact its operations?

**Please attach a signed Letter of Intention explaining why you wish to pursue accreditation of your school or program through ACHENA.**

**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 for Homeopathic Education and Competencies for the Professional Homeopathic Practitioner in North America***, the ***ACHENA Eligibility and Accreditation Manual*** and the ***ACHENA Policies and Procedures Manual*** available on the ACHENA website. I hereby commit that the institution/program(s) will act with honesty, integrity and transparency throughout every phase of the application, eligibility and accreditation process. I understand that failure to do so may result in disqualification from accreditation and loss of any fees submitted.

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Signature of Chief Executive Officer Date