

**KANSAS BOARD OF REGENTS**

1000 SW Jackson Suite 520

Topeka KS 66612-1368

Initial _____
Renewal _____
Branch _____

**Application for Certificate of Approval to Operate a School in Kansas**

Application is hereby made to the Kansas Board of Regents for a Certificate of Approval, which must be obtained before applicant institution can operate in the state of Kansas. One copy of this application must be returned to the Kansas Board of Regents. If any answers are omitted, the application is incomplete and will be returned for completion before processing.

If more space is needed, answers keyed to questions may be submitted on a separate sheet.

**PART I: ADMINISTRATION**

Name of Institution \_\_\_\_\_ Date \_\_\_\_\_

Address of Institution \_\_\_\_\_  
Street City State Zip Code

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail \_\_\_\_\_

Institution Website: \_\_\_\_\_

Is institution accredited? Yes  No  Name of accrediting agency \_\_\_\_\_  
(The Kansas Board of Regents **is not** an accrediting agency)

Does your institution hold a current Certificate of Approval from any state education agency? Yes  No

If yes, give name of agency or agencies and states represented.

\_\_\_\_\_

Type of Program:  Home Study (no On-line courses)  Brick & Mortar  On-line  Combined

Form of ownership:  Corporation  Partnership  Individual  State Chartered in \_\_\_\_\_  
(Degree granting must be state chartered or incorporated)

If incorporated list state \_\_\_\_\_

**OWNER (S)**

Supply information for each owner in appropriate space below. If a corporation, attach list of officers including information below

Name (owner/officer) \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

How long owner has owned the institution: \_\_\_\_\_

Employment or business connections of owner for last 10 years (list no more than two)	From	To
Firm		

Has owner(s) ever been connected in any capacity with a private school? Yes  No

Institution: \_\_\_\_\_

Location (Address) \_\_\_\_\_: Year(s) \_\_\_\_\_

**Director or Manager of Institution (ATTACH RESUME)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Office phone \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Length of employment with Institution \_\_\_\_\_ Date of Employment \_\_\_\_\_

A. List experience in education field (administrative, supervisory, or teaching).

Institution(s) (If none, list "NA") Firm	Official Title	Dates Employed:	From	To

B. Other employment or business connections of Director during the last five years (list 2).

Firm	Official Title	Dates Employed:	From	To

Has the owner or any member of the staff employed by the institution ever been convicted of any violation of the penal laws of any state of the United States? Yes  No

If yes, explain

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

State the "mission" of your institution \_\_\_\_\_

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

**The following items must be included:**

1. Completed Administrator Qualification form for each Administrator. \*K.A.R. 88-28-3(b)
2. Current Financial Statement **PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT** K.A.R. 88-28-2 (7-a-f)
3. Evidence of compliance with local, County, State, National Codes as applicable K.A.R. 88-28-2 (1) \*\*
4. KBOR form for Bond with power of attorney. *Date of bond must be the same as the approval period.*
5. Copy of accreditation if applicable.
6. A descriptive summary of space for classrooms, labs, library, administrative offices. \*\*

\*K.A.R. - Kansas Administrative Regulations as stated in Private Postsecondary Institutions Administration Manual

\*\* *May not be applicable for on-line, home study or test preparation schools.*

**Kansas Board of Regents  
Administrator Qualification Record**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

Employee \_\_\_\_\_ Employment Date: \_\_\_\_\_

Position: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Education, training, and licenses related to this position

Institution Name and Address	Course	Total clock/Semester hrs	License, certificate, degree awarded

**Attach a copy of your resume**

I certify the above information pertaining to my education or work experience is true and correct.

\_\_\_\_\_  
Signature of Administrator

I certify that the institution has verified the information on this form and it is true and correct.

\_\_\_\_\_  
Signature of Institution Official

**PART II: ADMISSIONS/RECRUITING**

List the maximum amount of tuition money accepted in advance with enrollment. \$ \_\_\_\_\_  
(See K.A.R.88-28-2. (9D))

Check methods used to qualify prospective students.

- 1. \_\_\_\_\_ High school diploma
  - 2. \_\_\_\_\_ GED
  - 3. \_\_\_\_\_ Special test (list) \_\_\_\_\_
  - 4. \_\_\_\_\_ Interview
  - 5. \_\_\_\_\_ Letters of recommendation
  - 6. \_\_\_\_\_ Age (list) \_\_\_\_\_
  - 7. \_\_\_\_\_ Other \_\_\_\_\_
- 

**The following items must be included:**

- 1. Completed Enrollment Agreement Checklist
- 2. Completed Catalog Checklist
- 3. Completed Application for any Representatives employed by this institution
- 4. Copies of advertising for the past year
- 5. Copies of application or registration forms
- 6. Evidence of how institution accounts for previous experience, training, or coursework for students ( i.e. transfer credits, allow students to test out of courses)

**Kansas Board of Regents  
Enrollment Agreement Checklist**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

*Instructions for completion*

**The following items must be part of the enrollment agreement.**

- (A) Indicate by your initial that the item is included in your enrollment agreement;  
(B) place the number of the item as listed here on a copy of your enrollment agreement; and  
(C) attach this form to the copy of your enrollment agreement.

- \_\_\_\_\_ 1. Title that identifies the enrollment agreement as a contract or legal agreement
- \_\_\_\_\_ 2. Name and address of the institution
- \_\_\_\_\_ 3. Title of course or program
- \_\_\_\_\_ 4. Total number of clock or credit hours and number of weeks or months required for completion
- \_\_\_\_\_ 5. Identification of type of certificate or diploma
- \_\_\_\_\_ 6. Total tuition required for the course
- \_\_\_\_\_ 7. Cost of any required books and supplies
- \_\_\_\_\_ 8. Any other costs and charges
- \_\_\_\_\_ 9. Scheduled start date of the course or program
- \_\_\_\_\_ 10. Description of the class schedule
- \_\_\_\_\_ 11. Grounds for termination of the enrollment agreement by the institution
- \_\_\_\_\_ 12. Method by which a student can cancel or voluntarily terminate the enrollment agreement
- \_\_\_\_\_ 13. Institution's refund policy for cancellations and terminations, as described in K.A.R. 88-23-2
- \_\_\_\_\_ 14. Statement disclaiming guarantee of employment for the student after completion
- \_\_\_\_\_ 15. Reasons why the institution may postpone the scheduled starting date or the class schedule, the maximum period of any possible delay, and any effect the postponement may have on the institution's refund policy
- \_\_\_\_\_ 16. Description of the nature and extent of any possible change of course content or materials and the amount of any extra expenses that may be charged to the student
- \_\_\_\_\_ 17. Date the agreement becomes effective
- \_\_\_\_\_ 18. Acknowledgment that the applicant or student who signs the agreement has read and received a copy of the enrollment agreement
- \_\_\_\_\_ 19. Date and signature of applicant or legal representative if the applicant is a minor
- \_\_\_\_\_ 20. Date and signature of an official at the institution that has legal capacity to sign for the institution
- \_\_\_\_\_ 21. Description of items/ services required to be purchased from sources other than the institution
- \_\_\_\_\_ 22. If the institution reserves the right to adjust tuition rates before completion of the course or program, a statement of specific times at which changes may occur and a reasonable amount of advance notice that will be provided to students.

**Kansas Board of Regents  
Catalog Checklist**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Effective Date of Catalog: \_\_\_\_\_

Complete this form and attach it to your catalog.

Instructions for completion: The following items must be part of the catalog. Indicate by a page number where the item is included in your catalog.

- \_\_\_\_\_ 1. Table of contents
- \_\_\_\_\_ 2. Date of publication
- \_\_\_\_\_ 3. List approvals, accreditations, affiliations, memberships
- \_\_\_\_\_ 4. Requirements for admission
- \_\_\_\_\_ 5. Academic calendar or a reference to a published calendar used by the institution
- \_\_\_\_\_ 6. Name and nature of the occupations for which training is given
- \_\_\_\_\_ 7. Curriculum including clock hours or credit hours of each course in the curriculum
- \_\_\_\_\_ 8. Description of the physical space and the educational equipment available
- \_\_\_\_\_ 9. Tuition and fees charged
- \_\_\_\_\_ 10. Attendance Policy
- \_\_\_\_\_ 11. Description of the system used to measure student progress
- \_\_\_\_\_ 12. Graduation or completion requirements, or both
- \_\_\_\_\_ 13. Institutional mission
- \_\_\_\_\_ 14. Identification of the owner of the institution
- \_\_\_\_\_ 15. List of instructors, including degrees held and institutions of degrees
- \_\_\_\_\_ 16. Institutional rules
- \_\_\_\_\_ 17. Institution's tuition refund and student enrollment cancellation policies
- \_\_\_\_\_ 18. The extent to which job placement services are available
- \_\_\_\_\_ 19. Institution's policies for credit hour transfers and advanced standing examinations

I certify that the attached catalog contains all information and items checked above. I further certify that each student will receive a copy of the catalog at the time of enrollment.

\_\_\_\_\_  
Signature of authorized administrative official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or clearly print Name and Title

### PART III: INSTRUCTION

A. Maximum number of students that can be accommodated at any one time \_\_\_\_\_

B. Number of full-time instructors \_\_\_\_\_ Part-time instructors \_\_\_\_\_

Are course grades issued to students? Yes  No

How do you determine satisfactory academic progress. Check all that apply.

- \_\_\_\_\_ Periodic review by staff
- \_\_\_\_\_ Class attendance
- \_\_\_\_\_ Academic performance
- \_\_\_\_\_ Personal management skills

If yes, state frequency: \_\_\_\_\_

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Are certificates, diplomas and/or degrees offered for each course/programs? Yes  No

#### **The following items must be included:**

1. Completed Instructor Qualification form for each Instructor
2. Course Outline and syllabus for each course taught
3. Degree granting only: Complete description of program to be reviewed and all courses included
4. Grading policy and forms used to record grades \*\*
5. Attendance policy and forms to track attendance \*\*
6. Copy of Certificate, Degree, Diploma awarded
7. Completed Program Inventory Form

**\*\* May not be applicable for on-line, home study or test preparation schools.**

**Kansas Board of Regents  
Instructor Qualification Record**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

Employee \_\_\_\_\_ Employment Date: \_\_\_\_\_

Position \_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_

*Education, training, and licenses related to this position*

Institution Name and Address	Course	Total clock/Semester hrs	License, certificate, degree awarded

**Attach a copy of your *Resume* OR *Faculty Personnel Report***

*Subject(s) to be taught by this instructor*

Subject	Clock Hours	Semester Hours	Quarter Hours

I certify the above information pertaining to my education or work experience is true and correct.

\_\_\_\_\_  
Signature of Instructor/Supervisor

I certify that the institution has verified the information on this form and it is true and correct.

\_\_\_\_\_  
Signature and title of Institution Official



## PART IV: STUDENT SERVICES

### Placement

List names and addresses of three firms who have employed one or more of your graduates within the last year (12 months).

Name	Address (Street, City, State, Zip Code)
1.	
2.	
3.	

List placement services provided for students.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Do you record placement rates?    Yes     No

When considering placement services, remember that you may not guarantee placement to anyone, however, services such as help with writing resume, interviewing skills, contacts with known employers, inviting prospective employers to your institution are very much in order.

**PART V: REFERENCES**

List three persons who must be associated with a firm, who may be used as confidential references as related to this application.

Name of person/firm with Contact Person

Mailing Address: (Street, City, State, Zip Code)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Be certain that these people understand that this is a serious matter which will need prompt attention. They may indeed be contacted by letter and asked to respond on your behalf.

**Part VI: NOTARIZED SIGNATURE**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, on oath do say  
that the statements and representations made by me in the foregoing statement are true in every respect.

Signature: \_\_\_\_\_

Official Position: \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

in the county of \_\_\_\_\_ in the state of \_\_\_\_\_.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

**FEE SCHEDULE**

**PLEASE CALL 785-296-3422 FOR CURRENT FEES**