

Annual Reporting Form (Appendix AR0)

Instructions: This Annual Reporting Form is for Alaska postsecondary institutions and must be submitted, in its entirety, using the information below. A list of all required documentation is provided within each section. All documentation must be submitted on these ACPE provided forms as one complete submission, except the Annual Reporting fee, to eed.acpe-ia@alaska.gov via **ZendTo**. The Annual Reporting Fee pay be paid via check, mailed to the address above or an ACH payment. For ACH information, contact IA staff.

*The Annual Report Form, supporting materials, and fee **must be recieved by December 1st**. Failure to submit a complete packet may result in a late fee (\$250.00) and jeopardize Authorization status. Institutions reporting to the Integrated Postsecondary Education Data System (IPEDS) are not required to complete the Annual Performance Indicators section unless there was a change from the IPEDS report.

NOTE: Full text of the laws governing the delivery of postsecondary education in Alaska is contained in Alaska Statute 14.48 and the Alaska Administrative Code, Title 20, Chapter 17. All institutions should be familiar with these statutes and regulations.

I. General Information:

Institution Name: _____

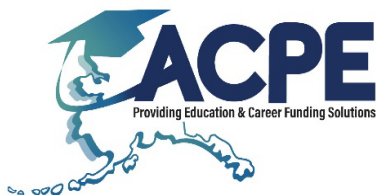
Individual Completing Form: _____

Fiscal Year (FY): _____ Start Date: _____ End Date: _____ FY Total Enrollment: _____

Academic Year: _____ Start Date: _____ End Date: _____

II. Annual Reporting Checklist:

Life and Safety		
<input type="checkbox"/>	A	Site Information Form (<i>Appendix AR1</i>)
		Supporting documentation for <i>Appendix AR1</i> : <input type="checkbox"/> Site Information Form <input type="checkbox"/> Fire System Inspection Checklist <input type="checkbox"/> Other Site Systems
Evidence of Liability and Other Appropriate Insurance Coverage		
<input type="checkbox"/>	C	Determination of Institutional Liability Worksheet (<i>Appendix AR2</i>)
		Supporting documentation for <i>Appendix AR2</i> , required if a change in surety bond is needed : <input type="checkbox"/> <u>Surety Bond</u> : If posting a bond, complete page 2 of <i>Appendix AR2</i> and attach the original bond document. <input type="checkbox"/> <u>Certificate of Deposit</u> : If posting a CD, complete page 3 of <i>Appendix AR2</i> , and attach the certificate of deposit.
<input type="checkbox"/>	D	Provide Certificate of Liability Insurance



Finances			
<input type="checkbox"/>	E	Financial Statements (Appendix AR3)	Supporting documentation for <i>Appendix AR3</i> : (select one) <input type="checkbox"/> Internally prepared financial statements <input type="checkbox"/> Compilation report <input type="checkbox"/> Audited financial statements <input type="checkbox"/> Authorization recently Renewed.
<input type="checkbox"/>	F	Sources of Funding Worksheet (Appendix AR4)	
Annual Fee			
<input type="checkbox"/>	G	Annual Fee (Appendix AR5)	The fee is set at 1.2% of the total annual tuition and fee receipts from the most recent annual reporting period: minimum \$400 / maximum \$1000. All fees are non-refundable; make checks payable to: Alaska Commission on Postsecondary Education (ACPE)
Annual Performance Indicators – see API Guide (Appendix AR6) for details			
<input type="checkbox"/>	H	Enrollment Statistics Worksheet (Appendix AR7)	See Appendix AR6
<input type="checkbox"/>	I	Completions Statistics Worksheet (Appendix AR8)	See Appendix AR6
<input type="checkbox"/>	J	Placement Statistics Worksheet (Appendix AR9)	See Appendix AR6
<input type="checkbox"/>	K	Professional Licensing Exam Statistics Worksheet (Appendix AR10) – if applicable	See Appendix AR6
Institutional Assessments and School Catalogs (Appendix AP11)			
<input type="checkbox"/>	L	Institutional Exit Survey and Results	
<input type="checkbox"/>	M	Institutional Assessments and Results	
<input type="checkbox"/>	N	Catalogs and Handbooks	

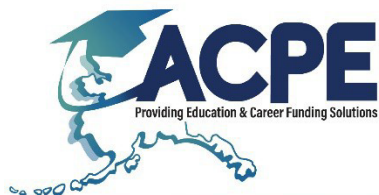
III. Certification:

I certify that all information listed in the checklist above and included as part of this application is complete and accurate.

Signature: _____ **Date:** _____
 (Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Site Information Form (Appendix AR1)

Instructions: Please complete this form and attach all required materials for each school site and building.

I. Site Address Information:

Site Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Alternative Address: _____ City: _____ State: _____ Zip: _____

Facility Contact Person: _____ Phone Number: _____

II. Purpose:

Site Type: Please mark the box that best applies		
<input type="checkbox"/>	1	Primary Educational Building
<input type="checkbox"/>	2	Secondary Educational Building
<input type="checkbox"/>	3	Student Housing
<input type="checkbox"/>	4	Shop
<input type="checkbox"/>	5	Recreational
<input type="checkbox"/>	6	Other: _____

III. Fire Safety:

Per [AS 14.48.060\(7\)](#), all institutions should be "... maintained and operated in compliance with all pertinent ordinances and laws relating to the safety and health of persons upon the premises of the Institution," including all applicable federal, state and municipal licensing, zoning, health, safety and fire code requirements.

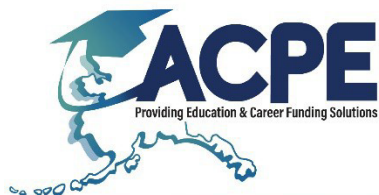
The [Alaska Division of Fire and Life Safety](#) has statewide jurisdiction related to fire code enforcement and authority over plan review. B-Occupancy or Business type facilities must follow all federal, state, municipal safety and fire code requirements.

Should an institution be found in violation of [AS 14.48.060\(7\)](#) or regulations that define them, it may lead to the institution's Authorization being conditioned, suspended, or revoked by the Commission.

Institutions are required to submit their Fire Systems Inspections Report to the Commission annually.

Institutions are required to submit Other Site Systems Inspections following federal, state, and municipal requirements.

See below for Fire Systems and Other Site Systems Checklist details.



If a re-inspection is required after the third-party servicer conducting the Fire Systems Inspection found deficiencies or issues needing correction, the Institution must have them all corrected and included in this application. If the Institution does not have them corrected, a rationale of why and a timeline of when they will be corrected must be included.

Fire System Inspection Checklist: If there are fire systems, an independent third-party servicer must inspect all fire systems.

Does site have the following fire systems?			
YES	NO	SYSTEM	REQUIRED ACTION
<input type="checkbox"/>	<input type="checkbox"/>	1. Fire Sprinkler System	<i>Attach inspection report</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Fire Alarm System	<i>Attach inspection report</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. Fire Extinguishers	<i>Attach inspection report</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. Hood and Duct System	<i>Attach inspection report</i>
<input type="checkbox"/>	<input type="checkbox"/>	5. Special Hazard System	<i>Attach inspection report</i>

Other Site Systems:

Does site have the following other systems?			
YES	NO	SYSTEM	REQUIRED ACTION
<input type="checkbox"/>	<input type="checkbox"/>	1. Boiler	<i>Attach inspection report</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. Elevator	<i>Attach inspection report</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. Commercial Kitchen	<i>Attach food inspection</i>
<input type="checkbox"/>	<input type="checkbox"/>	4. Equipment/Hazardous Materials	<i>Attach inspection report</i>

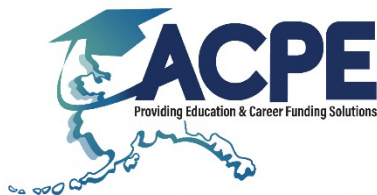
IV. Certification:

I certify that the information on this form is complete and accurate, and that the above-named Institution, per [AS 14.48.060\(7\)](#), "... is maintained and operated in compliance with all pertinent ordinances and laws relating to the safety and health of persons upon the premises of the Institution," including all applicable federal, state and municipal licensing, zoning, health, safety and fire code requirements.

Signature: _____ **Date:** _____
 (Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Determination of Institutional Liability Worksheet (Appendix AR2)

Institutions must post and maintain a surety bond or certificate of deposit (CD), as stated under [AS 14.48.100](#). The dollar amount required is higher of (1) the amount of revenue received in the longest enrollment period during the previous fiscal year, or (2) the projected revenue for the same period in the current year. New institutions, renewing institutions, or institutions that have added or deleted programs should provide the **highest amount of revenue projected to be earned** by the institution for all students enrolled in all programs during an enrollment period.

Instructions: To determine the amount of surety required, complete this form (page 1) and attach the original bond or CD.

NOTE: Institutions determined by ACPE to be financially unsound may be required to post a substantially increased level of surety, and must complete the following: **Surety Bond** – If posting a bond, complete page 2 (*Educational Institution Surety Bond*). **Certificate of Deposit (CD)** – If assigning a CD, complete page 3 (*Assignment of Negotiable Instrument*).

I. Enrollment Period and Gross Revenue:

Institution Name: _____

Define your Institution's longest term or enrollment period (semester, term, program, etc.): _____

Determine the gross revenues for the enrollment period listed above during the previous calendar or fiscal year (12 month period) or the Institution's projected revenues for the same period in the current or upcoming fiscal year (12 month period), whichever is **HIGHEST**. Include revenue from all funding sources, and for all commodities and services provided by the institution for postsecondary education. This includes revenue received for programs otherwise Exempt from Authorization and, for flight schools, the revenues received for private pilot, commercial pilot and ratings programs: \$ _____

Use the Surety Level Chart to enter the surety amount required for the Institution listed above: \$ _____

An original surety in this amount is:

- ☐ On File with the Commission
☐ Enclosed
☐ Being Sent Under a Separate Cover

Type of Surety: ☐ Bond ☐ Certificate of Deposit (CD)

Bond or CD Number: _____

Surety Level Chart	
If gross revenues are:	Then surety for schools generating revenue are:
up to \$25,000	\$5,000
\$25,001 to \$50,000	\$10,000
\$50,001 to \$100,000	\$20,000
\$100,001 to \$150,000	\$30,000
\$150,001 to \$200,000	\$40,000
\$200,001 to \$250,000	\$50,000
\$250,001 to \$300,000	\$60,000
\$300,001 to \$400,000	\$80,000
\$400,001 to \$500,000	\$100,000
\$500,001 to \$750,000	\$150,000
\$750,001 to 1,000,000	\$200,000
\$1,000,001 and above	\$250,000

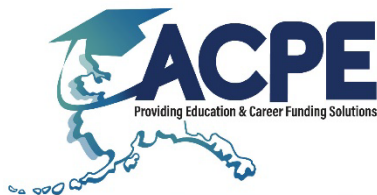
III. Certification:

I certify that the income reported above accurately represents this Institution's highest revenues during one enrollment period or term over the past year, or in the next projected year.

Signature: _____ Date: _____
(Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Appendix AR2 Continued: Educational Institution Surety Bond

Bond Number: _____

Premium: _____

KNOWN BY ALL PRESENT THAT _____ (*Name of Institution*) doing business as principal and _____ (*Name of Insurance Company*) a corporation duly authorized to transact surety business in the State of Alaska, as surety, are held and firmly bound unto the State of Alaska in the sum of _____ **Thousand Dollars** (_____) lawful money of the United States, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors and administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT whereas the above bounden principal has or is about to obtain an Authorization to Operate an educational institution in the State of Alaska, in accordance with the provisions of [AS 14.48](#) and all rules and regulations appertaining thereunto, and desires to give bond as required by said law.

NOW, THEREFORE, if the said principal, in compliance with [AS 14.48](#), does not pay any and all final and nonappealable orders of the Alaska Commission on Postsecondary Education or judgments of a court of this state having jurisdiction against said principal in favor of any student, enrollee, or his or her parents or guardians or class thereof for loss or damage as a result of an act or practice in violation of AS 14.48, they shall be paid by the surety.

THE TOTAL LIABILITY of the surety hereunder, during the period for which this bond is written shall not exceed the sum of _____ **Thousand Dollars** (_____).

LIABILITY UNDER THIS BOND commences _____ (*Date*) and shall be continuous until the authorization to operate is revoked or otherwise terminated by the Alaska Commission on Postsecondary Education or until forty-five (45) days after the Alaska Commission on Postsecondary Education, State of Alaska receives written notice from the surety of cancellation. The bond shall apply to all judgments and liabilities which arise during the effective period of the bond and to which the bond is applicable under the law, even if the judgments are settled or the liabilities are enforced after the effective period of the bond.

IN WITNESS WHEREOF, the said principal and the said surety have affixed their hand and seal this _____ day of _____ in the year _____.

Principal: _____

By:

(*Signature of Principal's Authorized Representative*)

(*Name & Title of Principal's Authorized Representative*)

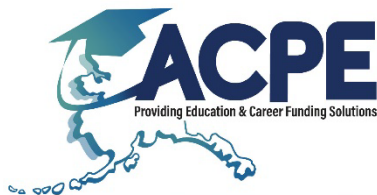
Surety: _____

Surety Address:

By:

(*Signature of Attorney-in-Fact*)

(*Name & Title of Principal's Authorized Representative*)



Appendix AR2 Continued: Assignment of Negotiable Instrument - Certificate of Deposit

Certificates of deposit must be automatically renewable and made payable to the **State of Alaska**. In order for the interest on the certificate of deposit to be accurately reported to the Internal Revenue Service, the institution's tax I.D. number (not the State's) must be on the certificate of deposit. **The certificate of deposit must accompany this notarized Assignment of Negotiable Instrument form.**

THE UNDERSIGNED ASSIGNOR HEREBY assigns and transfers to the Alaska Commission on Postsecondary Education, the annexed _____ (***Name of Banking Institution***) as and for the educational institution surety bond required by the laws of the State of Alaska ([AS 14.48](#)) for the postsecondary educational institution known as _____ (***Name of Postsecondary Institution***) which is duly authorized to operate in the State of Alaska.

THE UNDERSIGNED DOES HEREBY irrevocably constitute and appoint the State of Alaska by and through its duly authorized agent as their attorney-in-fact to do all things necessary and appropriate to effectuate the purposes of this assignment.

IT IS HEREBY AGREED AND UNDERSTOOD that this assignment shall remain in full force and effect for the period of time provided by law for actions against said surety bond, unless earlier canceled by mutual written consent of the Assignor and Assignee.

Dated this _____ day of _____ in the year _____ in the city and state of _____.

Assignor (Type or Print Name)

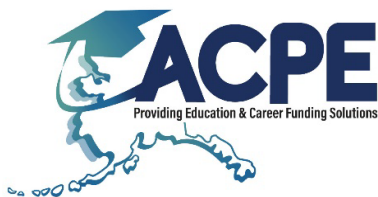
Signature

This document is to certify that on this _____ day of _____ in the year _____, before me, the undersigned, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared _____ to me known to be the person(s) described in and who executed this above and foregoing assignment of negotiable instrument, and have acknowledged to me they have signed and sealed the document freely and voluntarily for the uses and purposes therein mentioned.

Witness, my hand and official seal the day and year in this certificate first above written.

Notary Public Signature

My Commission Expires



Financial Statements (Appendix AR3)

Instructions: Institutions are required to provide annual financial information as requirements of 20 AAC 17.062. Complete this form and attach the required financial materials.

NOTE: Institutions are advised to make sure their tuition revenues are meeting the surety bonding or certificate of liability requirements. Additionally, if an Institution has a question regarding this worksheet and the required financial materials, *the Institution should proactively contact Commission staff in advance of the Annual Reporting deadline.*

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Worksheet:

Note: For the purposes of this section, financial reporting should cover the most recent fiscal year, defined as the most recent 12-month period that ends before October 1, of the year in which the report is submitted.

		Financial Information Required (select one)
<input type="checkbox"/>	A	Internally prepared financial statements (include the following): (1) Balance Sheet, (2) Income Statement, and (3) Statement of Cash Flows
<input type="checkbox"/>	B	A compilation report with full disclosure
<input type="checkbox"/>	C	Financial Statements audited by an independent licensed certified public accountant
<input type="checkbox"/>	D	Institution provided most recently completed fiscal year CPA audited (Audited, Review, or Compilation) for the Institution's Renewal of Authorization

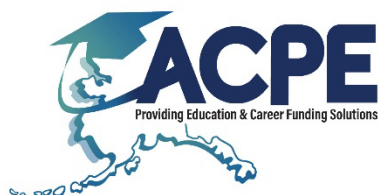
III. Certification:

I certify that all information is complete and accurate.

Signature: _____ Date: _____
(Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Sources of Funding Worksheet (Appendix AR4)

Instructions: Institutions are required to provide a summary of tuition revenue sources for the most recently completed fiscal year. Accredited institutions may submit a copy of their sources of funding report to their accrediting agency instead of completing this form.

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Tuition Revenue Sources:

NOTE: If total dollar amount is different from the amount reported as "tuition revenue" in the institution's most recently completed financial statements, please attach a separate explanation to this form.

Source of Funding (Alaska Education loans, Department of Vocational Rehabilitation, institutional funding, Alaska Native Corporation, Self-pay, etc.)	Number of Students Funded from named source in most recently completed fiscal year	Dollar Amount of tuition funding received from named tuition source in most recently completed fiscal year
Federal Student Aid- Direct Stafford Loans - Subsidized		\$
Federal Student Aid- Direct Stafford Loans - Unsubsidized		\$
Federal Student Aid- Direct PLUS Loan for Graduate Students		\$
Federal Student Aid - Direct PLUS Loan for Parents		\$
Federal Student Aid - Pell Grant		\$
Federal Student Aid - FSEOG (Institutionally awarded)		\$
Federal Student Aid - Work Study		\$
AK Commission on Postsecondary Education - AK Performance Scholarship		\$
AK Commission on Postsecondary Education - AK Education Grant		\$
AK Commission on Postsecondary Education - Supplemental Ed. Loan		\$
AK Commission on Postsecondary Education - Family Education Loan		\$
Grand Total:		\$

(Worksheet continued on Page 2)

(Includes amounts
reported on Page 2)

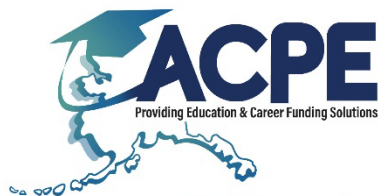
III. Certification:

I certify that all information provided is complete and accurate.

Signature: _____ Date: _____
(Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Alaska Commission on Postsecondary Education
INSTITUTIONAL AUTHORIZATION

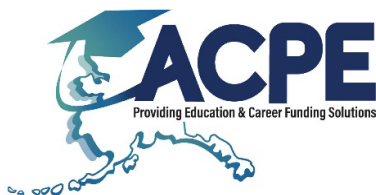
P.O. Box 110505
 Juneau, Alaska 99811-0505

Phone: 907.465.6741 | Fax: 907.465.5316
 acpe.alaska.gov | EED.ACPE-IA@alaska.gov

Tuition Revenue Sources Continued:

Source of Funding (Alaska Education loans, Department of Vocational Rehabilitation, institutional funding, Alaska Native Corporation, Self-pay, etc.)	Number of Students Funded from named source in most recently completed fiscal year	Dollar Amount of tuition funding received from named tuition source in most recently completed fiscal year
AK Commission on Postsecondary Education - Other Loan		\$
AK Dept. of Labor & Workforce Development - STEP Grant		\$
AK Dept. of Labor & Workforce Development - DVR		\$
AK Dept. of Labor & Workforce Development - WIOA/ETPL		\$
AK Dept. of Labor & Workforce Development - AWIB		\$
AK Dept. of Labor & Workforce Development - TVEP		\$
AK Dept. of Labor & Workforce Development - Other		\$
Veterans Affairs- GI Bill		\$
Veterans Affairs- GI Bill (Post 9/11)		\$
Veterans Affairs- Military Tuition Assistance		\$
Veterans Affairs- Yellow Ribbon		\$
Veterans Affairs- MyCAA		\$
Veterans Affairs- Other		\$
Scholarships		\$
Institutional Endowment		\$
Institutional Grants		\$
Employers		\$
Self-Pay		\$
School District		\$
AK Native/American Indian Corporation/Organizations		\$
Non-Profit Organization (specify source):	--	--
		\$
Other Federal Grant (specify source):	--	--
		\$
Other State Grant (specify source):	--	--
		\$
Other:		\$
Subtotal:		\$

(Grand total found on previous page)



Fee Calculation Worksheet (Appendix AR5)

Instructions: Use this worksheet to calculate the fee amount the Institution is required to pay for retaining Authorization. Per **20 AAC 17.055(a)(2)**, an institution retaining Authorization shall pay one point two percent (1.2%) of the average of total tuition and fees receipts from the most recent Authorization period. The fee may not be less than \$400 or more than \$1,000.00. Submit the calculated fee with this worksheet as part of the Annual Reporting packet. The Annual Reporting Fee pay be paid via check, mailed to the address above or an ACH payment. For ACH information, contact IA staff.

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Fee Calculation:

Fiscal Year: _____

For the purpose of this section, fiscal year is defined as the most recent 12-month period that ends before October 1, of the year in which the report is submitted.

		Fee Calculation	Amount (\$)
<input type="checkbox"/>	A	Revenues from tuition and fees (net of tuition refunds only) from all courses offered during the last fiscal year	
<input type="checkbox"/>	B	Amount in line (A) multiplied by .012 (1.2 percent)	
<input type="checkbox"/>	C	Total Amount of Institutional Payment Required	

1. Is the total amount calculated above (line C) between \$400 and \$1000?

☐ **If yes**, that is the amount you pay. **If no**, proceed to (2):

2. Is the amount in line C less than \$400?

☐ **If yes**, submit the minimum payment of \$400. **If no** to both questions (1) and (2), proceed to (3):

3. Is the amount in line C greater than \$1000?

☐ **If yes**, submit the maximum payment of \$1000.

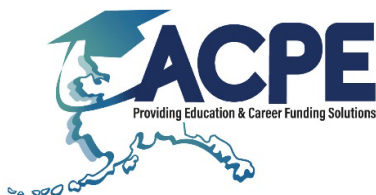
III. Certification:

I certify that the tuition and fee income reported above accurately represents tuition and fee receipts from the most recent period of institutional authorization.

Signature: _____ Date: _____
(Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Annual Performance Indicators Guide (Appendix AR6)

Instructions: This form must be completed for **each** Authorized program offered by the Institution. The Institution is required to provide data to the Commission annually. Data shall include all students enrolled at the Institution during the 12 month period beginning July 1 of last year (i.e. 2024) and ending June 30 of this year (i.e. 2025), unless approved by the Commission to provide data within a different date range.

NOTE: If your Institution reports to the Integrated Postsecondary Educational Data System (IPEDS), your Institution is not required to submit Annual Performance Indicators (Enrollment, Completions, Placement) unless there has been a change from what was reported to IPEDS.

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Reporting Requirements:

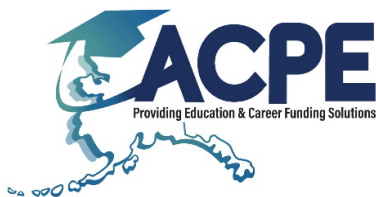
Indicate which reporting option(s) applies to the Institution.

Reporting Option 1		
<input type="checkbox"/>	A	Institution Reports to IPEDS

----- OR -----

Reporting Option 2		
<input type="checkbox"/>	A	Enrollment Statistics Worksheet (<i>Appendix AR7</i>) Include all enrolled students, including ones who began enrollment from the previous year and did not complete.
<input type="checkbox"/>	B	Completions Statistics Worksheet (<i>Appendix AR8</i>) Include all completed students, including ones who began enrollment from the previous year and did complete.
<input type="checkbox"/>	C	Placement Statistics Worksheet (<i>Appendix AR9</i>) Include all students who have completed their education within the last reporting year.

NOTE: Institutions are not required to submit Annual Performance Indicators (Enrollment, Completions, Placement) for Short Course of Study Exempt programs. However, their enrollment should be accounted for on the Annual Reporting Form (Appendix AP0) under "FY Total Enrollment."



Professional Licensure Reporting: If your Institution has a specific program that leads to *Professional Licensure in the State of Alaska*, which is not included in the IPEDS reporting process, the Professional Licensure Form will need to be filed with the Institution's Annual Report for each program.

<input type="checkbox"/>	A	<p>Professional License Worksheet (<i>Appendix AR10</i>)</p> <p>Include the number of graduates taking professional licensure examinations, and the pass rate for those graduates.</p> <p><i>Note: This worksheet is for programs that upon immediate completion, the graduate qualifies to apply for the professional licensure in their respective field.</i></p>
--------------------------	---	--

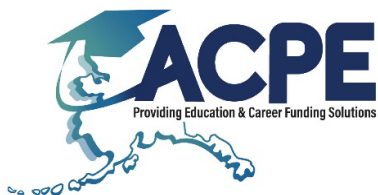
III. Certification:

I certify that all information provided is complete and accurate.

Signature: _____ Date: _____
(Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Enrollment Statistics Worksheet (Appendix AR7)

Instructions: This form must be completed for **each** Authorized program offered by the Institution. The Institution is required to provide enrollment data to the Commission annually. Data shall include all students who were enrolled at the Institution during the 12 month period beginning July 1 of last year (i.e. 2024) and ending June 30 of this year (i.e. 2025). This would also include students who were still continuing their education at the end of last year's Annual Reporting period.

***Program Name:** _____

I. General Information:

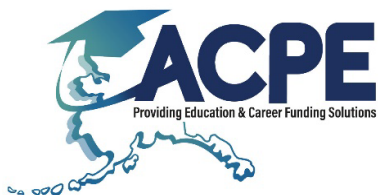
Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Number of Enrolled Students by Gender and Age:

List the total number of students who were enrolled at the Institution during the 12 month period beginning July 1 of last year and ending June 30 of this year by age (categories A-K) and gender (men/women).

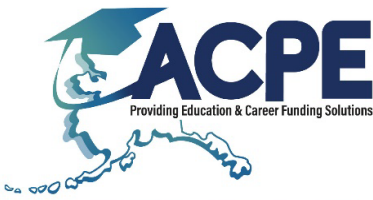
		AGE	MEN (#)	WOMEN (#)
<input type="checkbox"/>	A	Under 18		
<input type="checkbox"/>	B	18-19		
<input type="checkbox"/>	C	20-21		
<input type="checkbox"/>	D	22-24		
<input type="checkbox"/>	E	25-29		
<input type="checkbox"/>	F	30-34		
<input type="checkbox"/>	G	35-39		
<input type="checkbox"/>	H	40-49		
<input type="checkbox"/>	I	50-64		
<input type="checkbox"/>	J	65 and over		
<input type="checkbox"/>	K	Age unknown/unreported		
Total (A-K):				



III. Number of Enrolled Students by Gender and Race:

List the total number of students who were enrolled at the Institution during the 12 month period beginning July 1 of last year and ending June 30 of this year by race (category A-G) and gender (men/women).

		RACE	MEN (#)	WOMEN (#)
<input type="checkbox"/>	A	American Indian or Alaska Native		
<input type="checkbox"/>	B	Asian		
<input type="checkbox"/>	C	Black or African American		
<input type="checkbox"/>	D	Hispanic/Latino		
<input type="checkbox"/>	E	Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/>	F	White		
<input type="checkbox"/>	G	Two or more races		
Total (A-G):				



Completions Statistics Worksheet (Appendix AR8)

Instructions: This form must be completed for **each** Authorized program offered by the Institution. The Institution is required to provide completions data to the Commission annually. Data shall include all students enrolled at the Institution during the 12 month period beginning July 1 of last year (i.e. 2024) and ending June 30 of this year (i.e. 2025).

*Program Name: _____

I. General Information:

Institution Name: _____

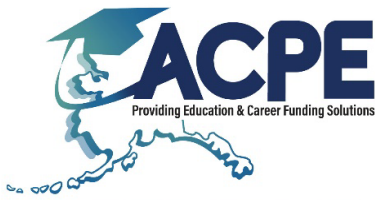
Individual Completing Form: _____ Phone Number: _____

II. Completion Statistics:

*NOTE 1: The combined student numbers in STEPS 1-2 should equal the total number of students in STEPS 3-7.

**NOTE 2: For the following worksheet, please enter a value into ALL required fields (indicated in red below).
If there are no students to report for a given line, enter a zero.

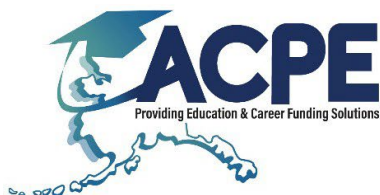
		STATISTIC	NUMBER
<input type="checkbox"/>	STEP 1	Number of Students Enrolled in Program from Previous Reporting Year: List the number of students who started enrollment during the previous reporting year (6/30/22-7/1/23), and did not complete their studies in the last reporting year(prior to 7/1/23).	
<input type="checkbox"/>	STEP 2	Number of Students Enrolled in Program in Current Reporting Year: List the number of students who, at admission, were included this year's annual reporting.	
<input type="checkbox"/>	STEP 3	Number of Students Still Enrolled in Program but have not completed: List the number of students who were still enrolled as of July 1 of the current reporting year, and had not completed their studies prior to July 1.	
<input type="checkbox"/>	STEP 4	Number of Completions/Graduates (within 150%): List the number of full-time, non-transfer students in this program who, within 150% of the duration of that program, excluding periods of approved leaves of absence, were awarded a certificate or diploma for program completion.	
<input type="checkbox"/>	STEP 5	Number of Completions/Graduates (beyond 150%): List the number of full-time, non-transfer students in this program who, beyond 150% of the duration of that program, excluding periods of approved leaves of absence, were awarded a certificate or diploma for program completion.	



		STATISTIC	NUMBER	
<input type="checkbox"/>	STEP 6	Number of Enrolled Students Excluded from Completion Calculation: List the total number of students as indicated under STEP 3 on page 1 who, before graduating:		
		<input type="checkbox"/> A	Withdrew and received a 100% refund	
		<input type="checkbox"/> B	Entered active military duty	
		<input type="checkbox"/> C	Entered established religious programs or missions	
		<input type="checkbox"/> D	Transferred to another educational program	
		<input type="checkbox"/> E	Entered the Peace Corps or AmeriCorps	
		<input type="checkbox"/> F	Withdrew as a result of a disability or medical condition, the onset of which occurred after enrollment in the program	
		<input type="checkbox"/> G	Died	
		<input type="checkbox"/> H	Withdrew as a result of imprisonment	
Total Excluded Students (A-H):				
<input type="checkbox"/>	STEP 7	Number of Enrolled Students who withdrew or were involuntarily withdrawn:		
		<input type="checkbox"/> A	Withdrew and received a 50%-99% refund	
		<input type="checkbox"/> B	Withdrew and received a 0%-49% refund	
		<input type="checkbox"/> C	Involuntary Withdrawn by Institution and received a 50%-99% refund	
		<input type="checkbox"/> D	Involuntary Withdrawn by Institution and received a 0%-49% refund	
		Total Students who Withdrew or were Withdrawn (A-D):		
<input type="checkbox"/>	STEP 8	Calculation: Total Number of Enrolled Students (STEP 1 <i>plus</i> STEP 2) <i>minus</i> 'Still Enrolled' (STEP 3) <div style="display: flex; justify-content: space-around; align-items: center;"> <div>_____</div> <div>+</div> <div>_____</div> <div>-</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>STEP 1 Number</div> <div>STEP 2 Number</div> <div>STEP 3 Number</div> </div>		

Student Number Reconciliation (STEPS 1-2 should equal STEPS 3-7):

STEP 1-2 Total: _____ STEP 3-7 Total: _____



		STATISTIC	NUMBER
<input type="checkbox"/>	STEP 9	Calculation: Total Number of Completions _____ + _____ STEP 4 Number STEP 5 Number	
<input type="checkbox"/>	STEP 10	Calculation: Total Number of Enrolled Students (STEP 8) minus Excluded Students (STEP 6) _____ - _____ STEP 8 Total STEP 6 Number (Total)	
<input type="checkbox"/>	STEP 11	Calculation: Program Completion Rate (STEP 9 Total <i>divided</i> by STEP 10 Total) _____ ÷ _____ STEP 9 Total STEP 10 Number	*

*Before submitting form, **DOUBLE-CHECK** that the auto-calculated **Program Completion Rate** (STEP 11) is not 0.00%.
 If the Program Completion Rate is 0.00%, there is a required field above (as indicated by the red boxes) that needs to be filled.
 If there are no students to report for any of the required fields, please enter a zero.

Note: An Institution with average annual institutional or individual program ***withdrawal rates exceeding twenty-five percent (25%)*** shall provide a written explanation of the circumstances contributing to these rates and describe what actions the Institution will take to lower the withdrawal rates. This documentation must be attached following the applicable worksheet.

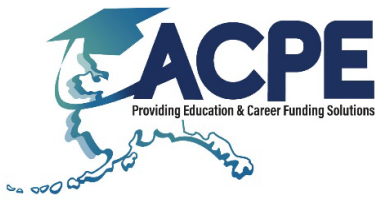
III. Certification:

I certify that all information listed in the checklist above and included as part of this application is complete and accurate.

Signature: _____ Date: _____
 (Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Placement Statistics Worksheet (Appendix AR9)

Instructions: This form must be completed for **each** authorized program offered by the Institution. The Institution is required to provide placement data to the Commission annually and to maintain the supporting documentation. Data shall include all students who completed their program at the Institution during the 12 month period beginning July 1 of last year (i.e. 2024) and ending June 30 of this year (i.e. 2025).

*Program Name: _____

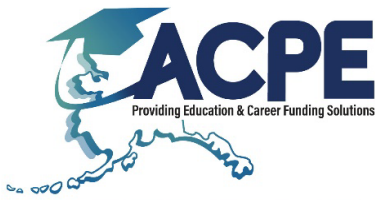
I. General Information:

Institution Name: _____ Year: _____

Individual Completing Form: _____ Phone Number: _____

II. Calculate "Program Placement Rate": Please follow Steps 1-4 to calculate

		STATISTIC	NUMBER
<input type="checkbox"/>	STEP 1	<u>Number of Completions</u> (Total calculated in STEP 9 of <i>Appendix AR8 - Completions Statistics Worksheet</i>): List the number of full-time, non-transfer students in this program who, within 150% of the duration of that program, excluding periods of approved leaves of absence, were awarded a certificate or diploma for program completion.	
<input type="checkbox"/>	STEP 2	<u>Number of Placements:</u> List the number of students from STEP 1 (Number of Completions) who, <i>within three months of completing the program</i> , were employed in the field for which they trained.	
<input type="checkbox"/>	STEP 3	<u>Number to be excluded from "Program Placement Rate" Calculation:</u> List the total number of students as indicated under STEP 1 (Number of Completions), who <i>were not available for placement</i> because of the following (categories A-G)	
		<input type="checkbox"/> A Enrolled in further education	
		<input type="checkbox"/> B Entered active military duty	
		<input type="checkbox"/> C Entered established religious programs or missions	
		<input type="checkbox"/> D Withdrew as a result of imprisonment	
		<input type="checkbox"/> E Entered the Peace Corps or AmeriCorps	
		<input type="checkbox"/> F Died or withdrew as a result of a disability or medical condition, the onset of which occurred after enrollment in the program	
		<input type="checkbox"/> G Did not respond to institutional requests for information <i>*Note: Documentation of institutional attempts to contact students may be requested.</i>	
		Total Excluded Students (A-G):	



		STATISTIC	NUMBER
<input type="checkbox"/>	STEP 4	Calculation: Number of Completions (STEP 1) <i>minus</i> Total Number of Excluded Students (STEP 3) <div> <div></div> <div>–</div> <div></div> </div> <div>STEP 1 NumberSTEP 3 Total</div>	
<input type="checkbox"/>	STEP 5	Calculation: Program Placement Rate ‘Number of Placements’ (STEP 2) <i>divided</i> by the total number calculated in STEP 4 <div> <div></div> <div>÷</div> <div></div> </div> <div>STEP 2 NumberSTEP 4 Total</div>	

Note: An Institution with annual average institutional or individual program placement rates ***less than seventy percent (70%)*** shall provide a written explanation of the circumstances contributing to these rates and describe what actions the Institution will take to lower the withdrawal rates or increase the placement rates. This documentation must be attached following the applicable worksheet.

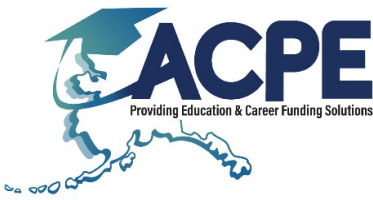
III. Certification:

I certify that all information listed in the checklist above and included as part of this application is complete and accurate.

Signature: _____ Date: _____
 (Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Professional Licensure Exams Statistics Worksheet (Appendix AR10)

Instructions: This form must be completed for **each** Authorized program offered by the Institution for graduates who qualify to take professional licensure exams upon immediate completion of their program.

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Statistics Worksheet:

STATISTIC		
<input type="checkbox"/>	A	Program Name/License Obtained
<input type="checkbox"/>	B	Number of Completions/Graduates List the number of Completions from the corresponding program found on STEP 9 from <i>Appendix AR8 (Annual Completions Worksheet)</i> .
<input type="checkbox"/>	C	Number of Graduates who have passed professional licensure exam List the number of students who have graduated and successfully have passed their licensing exam.
<input type="checkbox"/>	D	Number of Graduates who have attempted, but not passed professional licensure exam. List the number of students who have graduated and have not successfully have passed their licensing exam.
<input type="checkbox"/>	E	Number of Graduates who have not attempted the professional licensure exam List the number of students who have graduated and have not attempted the licensing exam.
<input type="checkbox"/>	F	Number of Graduates who did not respond to institutional request for information <i>Note: Documentation of institutional attempts to contact students may be requested.</i>

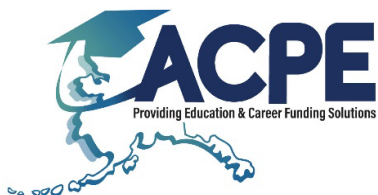
III. Certification:

I certify that all information listed in the checklist above and included as part of this application is complete and accurate.

Signature: _____ Date: _____
(Owner or Administrative Official)

Printed Name of Administrative Official: _____

Title of Administrative Official: _____



Institutional Assessments and Catalog (Appendix AR11)

Instructions: Institutions are required to provide exit survey or assessment data annually. Additionally, Institutions may be required to submit their Catalog and other materials for ACPE record keeping.

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Required Documents:

Institutional Assessments		
<input type="checkbox"/>	A	<i>Non-Degree Granting Institutions</i> <input type="checkbox"/> Provide a copy of the Institution's exit survey <input type="checkbox"/> Provide a summary and/or data of the results of the surveys
<input type="checkbox"/>	B	<i>Degree Granting Institutions</i> <input type="checkbox"/> Provide a copy of the Institution's assessment program <input type="checkbox"/> Provide the results of the assessment program
Catalogs		
<input type="checkbox"/>	C	Provide the Institutional Catalog in use for this year if changes have been made from the last catalog on file.
<input type="checkbox"/>	D	If applicable, provide any updates or addendums to Catalog made throughout the year
<input type="checkbox"/>	E	If applicable, provide the Student Handbook in use for this year if changes have been made from the last handbook on file.