

Amendment to Authorization: Change in Program

Instructions: An institution seeking to amend its Authorization due to change in program must complete this application packet in its entirety, including providing all required supporting documentation:

- | | |
|---|---|
| <input type="checkbox"/> Amendment to Authorization: Change in Program | <input type="checkbox"/> Appendix C: (1) Determination of Institutional Liability Worksheet, |
| <input type="checkbox"/> Appendix A: Program Summary | (2) Education Institution Surety Bond, |
| <input type="checkbox"/> Appendix B: Program Change Form | (3) Assignment of Negotiable Instrument - Certificate of Deposit |

***Submit the application, fee, and all supporting materials to eed.acpe-ia@alaska.gov via [ZendTo](#) at least 90 days prior to the quarterly Commission meeting at which the application will be considered** (meetings are scheduled in January, April, July and October). If necessary, Commission staff will schedule a site visit once they have received and reviewed the completed application.

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 become familiar with those statutes and regulations.

I. Amendment Application Fee:

- The fee to amend the Authorization is \$750
- If more than one site visit is required, there is a \$500 fee for each additional site visit
- All fees are non-refundable
- Make check payable to: Alaska Commission on Postsecondary Education

II. Institution Summary:

Institution Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name of Owner or CEO: _____ Phone Number: _____

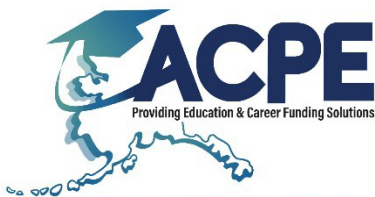
Administrative Official Contact (Name): _____ Phone Number: _____

Contact Email Address: _____

Institution's Web Address: _____

II. Amendment Checklist:

Amendment Checklist		
<input type="checkbox"/>	A	Program Summary (Appendix A)
<input type="checkbox"/>	B	Complete a Program Change Form (Appendix B) for each program in which a change is occurring
<input type="checkbox"/>	C	Determination of Institutional Liability Worksheet (Appendix C)



	D	Supporting documentation for Appendix C, required only if ACPE determines additional surety is required: <input type="checkbox"/> Surety Bond: If posting a bond , complete <i>Appendix C, page 2</i> of and attach original bond document <input type="checkbox"/> Certificate of Deposit (CD): If assigning a CD , complete <i>Appendix C, page 3</i> and attach original CD											
<input type="checkbox"/>	E	Certificate of Liability Insurance reflecting the site change/addition; institutions delivering specific types of instruction for which other types of insurance may be required must document having the appropriate insurance (the Alaska Commission on Postsecondary Education must be listed as a certificate holder)											
<input type="checkbox"/>	F	List of program equipment , including owned or leased status, as required under <u>20 AAC 17.095(c)</u>											
<input type="checkbox"/>	G	Resumes/Curricula Vitae for any new staff											
<input type="checkbox"/>	H	Institutional marketing plan and samples of marketing documents											
	I	Specimen of copies of published materials , including: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Schedule of classes</td> <td><input type="checkbox"/> Drop/add/program amendment forms</td> </tr> <tr> <td><input type="checkbox"/> Enrollment/registration forms</td> <td><input type="checkbox"/> Certificate of completion or diploma</td> </tr> <tr> <td><input type="checkbox"/> Admission application</td> <td><input type="checkbox"/> Grade reports forms – <i>optional</i></td> </tr> <tr> <td><input type="checkbox"/> Tuition/fee/payment contracts or promissory notes</td> <td><input type="checkbox"/> Leave of absence forms – <i>optional</i></td> </tr> <tr> <td><input type="checkbox"/> Academic transcript/student records</td> <td><input type="checkbox"/> Entrance examinations – <i>optional</i></td> </tr> </table>		<input type="checkbox"/> Schedule of classes	<input type="checkbox"/> Drop/add/program amendment forms	<input type="checkbox"/> Enrollment/registration forms	<input type="checkbox"/> Certificate of completion or diploma	<input type="checkbox"/> Admission application	<input type="checkbox"/> Grade reports forms – <i>optional</i>	<input type="checkbox"/> Tuition/fee/payment contracts or promissory notes	<input type="checkbox"/> Leave of absence forms – <i>optional</i>	<input type="checkbox"/> Academic transcript/student records	<input type="checkbox"/> Entrance examinations – <i>optional</i>
<input type="checkbox"/> Schedule of classes	<input type="checkbox"/> Drop/add/program amendment forms												
<input type="checkbox"/> Enrollment/registration forms	<input type="checkbox"/> Certificate of completion or diploma												
<input type="checkbox"/> Admission application	<input type="checkbox"/> Grade reports forms – <i>optional</i>												
<input type="checkbox"/> Tuition/fee/payment contracts or promissory notes	<input type="checkbox"/> Leave of absence forms – <i>optional</i>												
<input type="checkbox"/> Academic transcript/student records	<input type="checkbox"/> Entrance examinations – <i>optional</i>												
	J	Copy of the program summary entry as it will appear in the school catalog , including: <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> Total length of program (accredited institutions may use semester or quarter credit hours; non-accredited institutions must specify length in clock hours) <input type="checkbox"/> Specific instructional objectives, and type of instruction or delivery method Specific course or program prerequisites </td> <td style="vertical-align: top;"> Minimum requirements for entrance into the occupational entry level at which the student can reasonably expect to be prepared for upon successful completion of the training (<i>for vocational programs only</i>) <input type="checkbox"/> Program content outline with course descriptions and lengths <input type="checkbox"/> Minimum requirements necessary for successful completion of the program </td> </tr> </table>		Total length of program (accredited institutions may use semester or quarter credit hours; non-accredited institutions must specify length in clock hours) <input type="checkbox"/> Specific instructional objectives, and type of instruction or delivery method Specific course or program prerequisites	Minimum requirements for entrance into the occupational entry level at which the student can reasonably expect to be prepared for upon successful completion of the training (<i>for vocational programs only</i>) <input type="checkbox"/> Program content outline with course descriptions and lengths <input type="checkbox"/> Minimum requirements necessary for successful completion of the program								
Total length of program (accredited institutions may use semester or quarter credit hours; non-accredited institutions must specify length in clock hours) <input type="checkbox"/> Specific instructional objectives, and type of instruction or delivery method Specific course or program prerequisites	Minimum requirements for entrance into the occupational entry level at which the student can reasonably expect to be prepared for upon successful completion of the training (<i>for vocational programs only</i>) <input type="checkbox"/> Program content outline with course descriptions and lengths <input type="checkbox"/> Minimum requirements necessary for successful completion of the program												

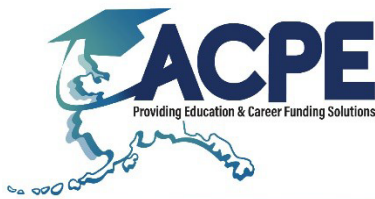
III. Certification:

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: _____



Appendix A: Program

Instructions: List below all new programs of study and majors, the clock or credit hours required, the credential awarded (certificate, diploma, or degree), and the total cost of tuition for each program or major. Indicate if a change to the program is requested from what was previously approved. If so, complete a Program Change Form for each change requested. **Attach a copy of the curriculum guide or syllabus for each program listed below.**

NOTE: The programs/majors reported on this form must correspond with the programs/majors listed in the school's catalog.

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Program List: Attach additional pages to this form, as necessary.

Program or Major	Total Clock/ Credit Hours	Credential Earned	Total Tuition & Fees	Program Change? Check if YES & attach Program Change Form
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>
			\$	<input type="checkbox"/>

(Attach additional pages to this form, as necessary)

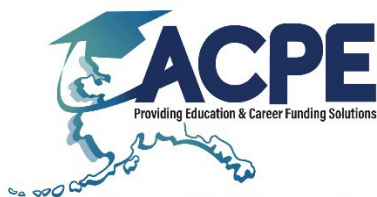
III. Certification:

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: _____



Appendix B: Program

Instructions: Complete this form for each program.

I. General Information:

Institution Name: _____

Individual Completing Form: _____ Phone Number: _____

II. Program Information:

Name of Program: _____

Total Clock/Credit Hours: _____ Credential: _____

Mode of Delivery: ☐ On-Ground ☐ ☐ Online ☐ Combination

Tuition: \$ _____ Fees (Itemized): \$ _____ Total Tuition & Fees: \$ _____

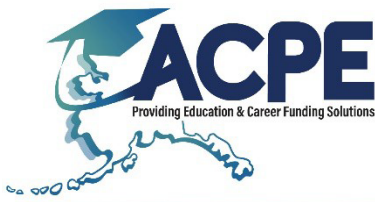
Proposed Program Start Date: _____ Faculty/Student Ratio: _____

PROGRAM LENGTH In Weeks: _____ In Months: _____ In Years: _____

III. Addition Documentation: Submit the following supporting documentation in its entirety

- Complete and submit section I & II of the Program Requirements Form, detailed above.
- Program Overview:

Required Documentation		
<input type="checkbox"/>	A	Brief description for the course and program objective.
<input type="checkbox"/>	B	Requirements for admission.
<input type="checkbox"/>	C	Curriculum and syllabi for all new courses under the program. Syllabi should have at least weekly breakdown of course contents or topics to be covered, applicable assignments, and/or tests/exams.
<input type="checkbox"/>	D	Copy of the draft catalog addendum that includes, at a minimum (if applicable): <i>program description/ objectives, clock and/or credit hours required to complete the program, licensing or certification requirements to practice in the field</i>
<input type="checkbox"/>	E	List of assigned textbooks or learning materials for the program.
If applicable, submit the following information on the practicum, externship/internship:		
<input type="checkbox"/>	F	Copy of the externship/internship agreement that clearly explains the student's goals/responsibilities <u>and the</u> externship/internship site's responsibilities.
<input type="checkbox"/>	G	Provide the evaluation criteria which will be used by the employer or supervisor to assist in evaluating the student's attainment of the training objectives.
<input type="checkbox"/>	H	A certificate of insurance demonstrating adequate liability coverage at the externship site, per 20 AAC 17.060(g).
<input type="checkbox"/>	I	If an externship, provide a list of available extern sites.



3. Library, Facility, and Equipment:

		Required Documentation
<input type="checkbox"/>	A	Evidence of adequate resource and instructional materials for the needs of the new program.
<input type="checkbox"/>	B	Description of changes to the facility and evidence that all equipment needed for the new program is in good working order.
<input type="checkbox"/>	C	List of the fixed equipment required to offer the program. <u>Identify separately</u> equipment, materials, etc. required for the student.

4. Faculty:

		Required Documentation
<input type="checkbox"/>	A	Resumes and copies of all applicable degrees, licenses and certifications of instructors or faculty.
<input type="checkbox"/>	B	Provide the <u>Instructor or Faculty Standards</u> to demonstrate compliance with 20 AAC 17.090(b) or 20 AAC 17.245.

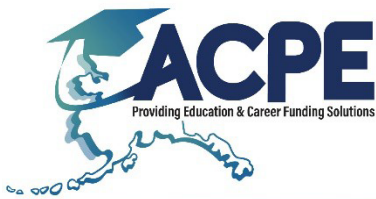
5. Graduation:

		Required Documentation
<input type="checkbox"/>	A	Submit the requirements for graduation.
<input type="checkbox"/>	B	Complete information on local, state or national requirements for graduates to practice.
<input type="checkbox"/>	C	Market research summary/industry career opportunities information for program. <u>Include the following:</u> <ul style="list-style-type: none"> <input type="checkbox"/> Information on job opportunities <input type="checkbox"/> Industry outlook <input type="checkbox"/> Starting salaries <input type="checkbox"/> Potential Employers for graduates
<input type="checkbox"/>	D	Copy of diploma, certificate or degree for the proposed new program.

6. Finances:

		Required Documentation
<input type="checkbox"/>	A	Description of financial resources that will support the new program, including operational budget.
<input type="checkbox"/>	B	Information regarding potential impact to Institutional surety bonding (see <u>Determination of Liability Worksheet</u>).

7. Governance: **Has the institutions accreditor or regulating body been notified of this new program?** ☐ YES ☐ NO



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

8. Marketing:

		Required Documentation
<input type="checkbox"/>	A	Copy of marketing materials

9. Additional information that may be deemed necessary or appropriate:

<input type="checkbox"/>	A	Attach additional pages to this form, as necessary. Include the name of the program at the top of each additional page.

NOTE: Attach additional pages to this form, as necessary. Include the name of the program at the top of each additional page.

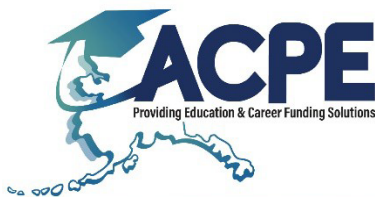
III. Certification:

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: _____



Appendix C: Determination of Institutional Liability Worksheet

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 or the institution's projected revenues for the same period in the current or upcoming fiscal year, 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

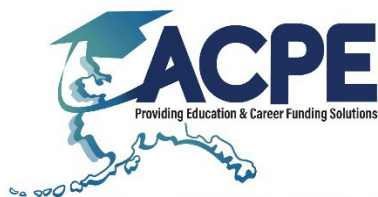
III. Certification:

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 C (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

Name: _____

By: _____

Title: _____

Resident Agent: _____

SURETY

Name: _____

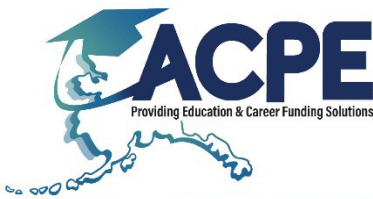
Address: _____

Attorney-in-fact: _____

By: _____

Agency Name: _____

Address: _____



Appendix C (*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 Alaska, 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