



## Exemption from Institutional Authorization Application Guidelines and Procedures

Institutions seeking Exemption from Institutional Authorization need to submit the appropriate Exemption Application, based on programmatic offerings. The Application Guidelines & Procedures listed below explain the Exemption Application submission and review process conducted by the Commission's Institutional Authorization staff. **Institutions are strongly advised to review and follow these procedures to prevent delays in their application's review and status determination.**

### A.) Initial Phase- Institutional Preparation

1. Institutions seeking an Exemption from Institutional Authorization must review the Exemption application type most relevant to their programming.
2. Institutions must collect all required documents and materials identified in the application. This includes having a finished product of the Institution's catalog, which is delivered to prospective students upon approval by Commission staff. See catalog requirements below for more details.

### B.) Phase Two- Application Submission

1. The completed application, non-refundable application fee, and all supporting documentation outlined in the application, are submitted in one mailing or email.
2. Do **not** submit materials separately, unless it is the application fee payment.
3. Applications are submitted to ACPE by mail: P.O. Box 110505, Juneau, AK, 99811-0505 or by email: [EED.ACPE-IA@alaska.gov](mailto:EED.ACPE-IA@alaska.gov).
4. Application fees must be paid either by check, made out to the Alaska Commission on Postsecondary Education, or via an ACH Deposit. If the Institution wishes to make payment via ACH Deposit, contact [EED.ACPE-IA@alaska.gov](mailto:EED.ACPE-IA@alaska.gov) for instructions.

### C.) Phase Three- Application Review

1. Applications are not reviewed until all required documentation, including application fee, are received.
2. Commission staff review the submission based upon the merits of the application. Commission staff may provide feedback or request additional documentation to determine whether the Institution meets Exemption Requirements.
3. Standard application review is approximately two weeks once all materials have been received. However, the anticipated timeline may take longer. Institutions are expected to submit a complete application packet. Incomplete packets and/or Institutional delays will result in a review delays.
4. Applications substantially out of compliance with Commission requirements and/or substantially incomplete may be returned or denied.

### D.) Final Phase- Determination

1. All Exempt applications are reviewed and approved by Commission staff, and can be approved for up to five years.
  - i. Should a change occur in the Institution's organization or program(s), deviating from its approved Exemption, IA Commission staff must be notified. Commission staff will determine if the Institution's Exempt status will be re-evaluated.
  - ii. Institutions are responsible for applying prior to the expiration of their current approval.

A postsecondary educational institution **may not** use the term "university" or "college" in its name unless it is accredited. Accredited means accredited by a national accreditation association, or the regional accredited association for the area where the school is located; that is recognized by the Secretary of Education of the United States Department of Education.



## Application for Exemption from Institutional Authorization

### 20 AAC 17.015(a)(5)- Program Regulated by State Agency or Political Subdivision

Any individual or institution offering postsecondary instruction within the State of Alaska must be either Authorized or Exempted from Authorization by the Alaska Commission on Postsecondary Education (ACPE) under Alaska Statute (AS) 14.48.

**Instructions:** Complete pages 1 through 3 of this form. Upon receipt of this form, ACPE will determine if the Institution meets the requirements for Exemption.

**NOTE:** While exempted from the requirements of Authorization, Exempted Institutions must comply with educational consumer protection statutes ([AS 14.48.060\(b\)](#), [14.48.130](#), [14.48.150](#), [14.48.170](#), and [14.48.180-14.48.210](#)) and their associated regulations.

**Exemption Reason:** A program that is regulated by another agency or political subdivision of the state that sets and enforces standards equivalent to [AS 14.48.060](#).

**Checklist of Materials:** All requested materials below must be attached to this application in order for the application to be evaluated:

1. Copy of Business License and Corporation License (if applicable).
2. Letter from State Agency or Political Subdivision of the State, attesting that the programs listed in this application, are regulated by the State Agency or Political Subdivision, in which it sets and enforces standards equivalent to [AS 14.48.060](#).
  - a. Letter is to be on Letterhead, signed by a Department Head, Executive Director, or similarly high level administrator within the organization of the State Agency or Political Subdivision of the State.
  - b. Letter must state how State Agency or Political Subdivision of the State sets and enforces each standard that is found in [AS 14.48.060](#).
  - c. Letter must be attached to this application prior to submission.
3. A copy of the certification or diploma issued by the institution.
4. Nonrefundable application fee (either Check or ACH Transaction).
5. Institutions are required to abide by and retain documentation under [AS 14.48.165\(b\)](#) for a period of at least one year after the students last date of attendance. A copy of this documentation can be found [here](#), in which the Institution is to utilize. ACPE requests a written statement from the Institution that they will abide by and retain this document.



### Institution Information

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

Principal Officer Name: \_\_\_\_\_

Principal Officer Title: \_\_\_\_\_ Institution's web address: \_\_\_\_\_

State Authorizing, Approval, or Governing Body: \_\_\_\_\_

Accreditation or Other Governing Body (if applicable): \_\_\_\_\_

### Contact Information

Name of administrative contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Primary Location

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Mailing Address *(if different)*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Other Locations *(if applicable) (if all locations do not fit on this page, provided attachment with locations)*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Certification

I certify that the information provided is accurate and complete to the best of my knowledge, and that the institution meets the exemption reason selected above.

Signature of owner or administrative official: \_\_\_\_\_

Title of administrative official: \_\_\_\_\_ Date: \_\_\_\_\_

