

Bureau for Private Postsecondary Education P.O. Box 980818 Sacramento, CA 95798-0818

	<u>OFF</u>	ICE	USE	ONLY
~ .				

Date Stamp

SAIL application #		
Application feeDate		
School Code		
Revenue Code 1257009M		

Application for Approval to Operate for an Institution Not Accredited

(California Education Code §§ 94885, 94887; Title 5, California Code of Regulations §§ 71110-71340)

(\$5,000.00 Non Refundable Application Fee)

1. INSTITUTION (5 C.C.R. Section 71110)

Name of Institution:		
Physical Address of the Primary Administrative Location in California:		
City	State	Zip
Institution's Mailing Address:		
City	State	Zip
Phone Number:	Fax Number:	
Web site Address:		
Physical Address of Main Campus:		
City	State	Zip
Phone Number:	Fax Number:	
Physical Address of Branch/Satellite If not applicable so state:		
City	State	Zip
Phone Number:	Fax Number:	
Contact Person for this Application		
Name	Email Address	
Address		
City	State	Zip
Telephone Number	Fax Number	

Individually owned; sole proprieGeneral Partnership	-	ted Partnership		
☐ For Profit Corporation	□ Non-Profit Corporation	☐ Limited Liability Corporation		
State where incorporated	·	Date of Incorporation		
(Attach copies of the articles of inc	corporation and bylaws.)			
	25% or more of the stock or inter the institution's management or ps if necessary.	est in the Institution or any other person who policies, or any other financial involvement in the		
Name	Title:			
Physical Address (Home Address		Federal Employer Identification Number for Partnerships; Social Security Number for sole owners*:		
City	State	Zip		
Telephone Number	Email Ac	Idress		
Percentage of Ownership:	Nature	of Interest:		
Name	Title			
Physical Address (Home Address) Federal E	mployer Identification Number for Partnerships; curity Number for sole owners*:		
City	State	Zip		
Telephone Number	Email Ac	Idress		
Percentage of Ownership:	Nature	of Interest:		
Professions Code and Public Law 94-455 enforcement purposes, for purposes of cor and Institutions Code, or for verification of where licensure is reciprocal with the requimay assess a \$100 penalty against you. 3.2 Attach a Statement from a way as found in any judicial or additional professional professional professional professional purposes and public law 94-455 or purposes of the purposes of	(42USCA 405 (c)(2)(C) authorize collection mpliance with any judgment or order for fallicensure or examination status by a licenesting state. If you fail to disclose your Elfornia anyone listed in 3.1 who: ministrative proceeding to have visite solicitation of prospective studies.	umber (SSN) is mandatory. Section 30 of the Business and on of your EIN/SSN. Your EIN/SSN will be used exclusively for the amily support in accordance with Section 11350.6 of the Welfare sing or examination entity that utilizes a national examination and N/SSN, you will be reported to the Franchise Tax Board, which collated the Act or the law of any other state related thents for enrollment in an educational service, or the		
b) Was denied any type of license	on grounds set forth in Section 4	80 of the Business and Professions Code.		
c) Was adjudicated as responsible federal government or any uncom		n which there were unpaid liabilities to the state or ed by students		
d) Has stipulated to a judgment or this section.	administrative order or entered a	a consent decree involving any matters described in		
e) Was convicted of any misdeme Code.	anor or felony as provided in Sec	tion 480(a)(1) of the Business and Professions		
□ Please check here if there is an	(are) attachment(s)			

Form Application 94886 (rev. 2/10)

3.3 Explanation of Pending Actions

Provide an attachment(s) explaining any legal action pending against the institution or ownership or any of the institution's owners, officers, corporate directors administrators or instructors by any federal, state, or local law enforcement agency involving alleged acts of fraud, dishonesty, financial mismanagement, unpaid liabilities to any governmental agency or claims for pecuniary loss suffered by any student.

☐ Please check here if there is an (are) attachment(s) AGENT FOR SERVICE OF PROCESS WITHIN CALIFORNIA (5 C.C.R. Section 71135) Name Physical Address (not the address of the school) State Zip City **Email Address** Fax Number Telephone Number I confirm my contact information listed above and acknowledge that I am the designated agent for service of process. Signature Date 5. ORGANIZATION AND MANAGEMENT (5 C.C.R. Section 71140) Include an organization chart that shows the governance and administrative structure of the institution and the relationship between faculty and administrative positions. Document is attached: _____ Yes ____ No Provide a description of the job duties and responsibilities of each administrative and faculty position. Document(s) is (are) attached: _____ Yes ____ No Identify the chief executive officer, chief operating officer, and chief academic officer and describe their education, experience, and qualifications to perform their duties and responsibilities. Document(s) is (are) attached: _____ Yes ____ No 6. GOVERNING BOARD (5 C.C.R. Section 71150) If the institution has a governing board, include the name, e-mail address, work address and telephone number of each member of the governing board. Document is attached: _____ Yes ____ No (If No, explain why) 7. MISSION AND OBJECTIVES (5 C.C.R. Section 71170) Describe in detail the institution's mission and objectives Document is attached: _____ Yes _____No

8. INSTITUTION REPRESENTATIVE (5C.C.R. Section 71160) **Email Address** Name Address State Zip City Telephone Number Fax Number 9. EXEMPLARS OF STUDENT AGREEMENTS (5 C.C.R. Section 71180) Include exemplars of all student enrollment agreements and instruments of indebtedness. Document is attached: _____ Yes ____ No FINANCIAL AID POLICIES. PRACTICES. AND DISCLOSURES (5 C.C.R. Section 71190) If the institution receives financial aid because its students qualify for it under any state or federal financial aid program, include a statement of the policies, practices, and disclosures regarding financial aid. Document is attached: _____ Yes ____ No 11. ADVERTISING AND OTHER PUBLIC STATEMENTS (5 C.C.R. Section 71200) Include copies of advertising and other statements disseminated to the public in any manner by the institution or its representatives that concern, describe, or represent the institution and each educational program offered by the institution. Document is attached: _____ Yes ____ No (If No, explain why) If advertising is broadcasted by television or radio, include a copy of the script. Document is attached: Yes No (If No, explain why) 12. INSTRUCTION AND DEGREES OFFERED (5 C.C.R. Section 71210) Identify and describe the educational program(s) the institution offers or proposes to offer. If the educational program is a degree program, identify the full title including the name of a specific major field of learning involved, which the institution will place on each degree awarded. List the following for each educational program offered: 1. The admissions requirements, including minimum levels of prior education, preparation, or training; 2. If applicable, information regarding the ability-to-benefit examination as required by section 94904 of the Code. 3. The types and amount of general education required. 4. The title of the educational programs and other components of instruction offered. 5. The method of instruction. 6. The graduation requirements. 7. If the educational program is designed to fit or prepare students for employment in any occupation. identify each occupation and job title to which each educational program is represented to lead. Document is attached: _____ Yes ____ No

13. DESCRIPTION OF EDUCATIONAL PROGRAM (5 C.C.R. Section 71220) Each educational program meets the requirements of 5 C.C.R. section 71710? Yes No
Describe for each educational program: 1. The equipment to be used during the educational program 2. The number and qualifications of the faculty needed to teach the educational program. 3. A projection and the bases for the projection of the number of students that the institution plans to enroll in the educational program during each of the three years following the date the application is submitted. 4. The learning, skills, and other competencies to be acquired by students who complete the education program 5. If licensure is a goal of an education program, a copy of the approval from the appropriate licensing agency. A copy of the intent to approve conditioned solely upon institutional approval from the Bureau will also meet this requirement.
Please Note: Upon request, the institution shall provide to the Bureau copies of the required curriculum or syllabi (5 C.C.R. section 71220, 71710)
Document is attached: Yes No
14. INSTRUCTION IN LANGUAGES OTHER THAN ENGLISH (5 C.C.R. Section 71230) For an educational program, or a portion of it, in a language other than English, describe of all the following for each educational program or portion: The language in which each educational program will be offered. A statement that the institution has contracted with sufficient duly qualified faculty who will teach each language group of students. The language of the textbooks and other written materials to be used by each language group of students. Document is attached: Yes No (if no, indicate reason)
15. FINANCIAL RESOURCES AND STATEMENTS (5 C.C.R. Section 71240) This institution has and can maintain the financial resources required pursuant to 5 C.C.R. section 71745. Please check one: Yes No
Submit current, audited financial statements that are in compliance with 5 C.C.R. section 74115 along with this application for approval to operate. Documents are attached: Yes No
16. FACULTY (5 C.C.R. Section 71250) The institution has contracted with sufficient duly qualified faculty members who meet the qualification of 5 C.C.R. section 71720.
Please check one: Yes No

17. FACILITIES AND EQUIPMENT (C.C.R. Section 71260) For each program offered, describe the facilities and the equipment, which is available for use by students at the main, branch, and satellite locations of the institution. Document is attached: ____ Yes ____ No For facilities that are leased or rented, include the name and address of the lessor or landlord, together with a copy of any use, lease, or rental agreements for the facilities. Document is attached: _____ Yes ____ No (if no, indicate reason) Include building diagrams or campus maps. The diagrams or maps shall identify the location of classrooms, laboratories, workshops, and libraries. Document is attached: _____ Yes ____ No Include specifications of significant equipment that demonstrate that the equipment meets the standards prescribed by the Code and is sufficient to enable students to achieve the educational objectives of each educational program. For each item of significant equipment, indicate whether the equipment is owned, leased, rented, or licensed for short or long term, or owned by another and loaned to be used without charge. Document is attached: _____ Yes ____ No List all permits, certifications, or other evidence of inspections or authorizations to operate required by the jurisdictions within which the institution operates that the institution has obtained, and/or an explanation as to why those permits, certification, or inspections have not yet been obtained. Document is attached: _____ Yes ____ No (if no, indicate reason) 18. LIBRARIES AND OTHER LEARNING RESOURCES (5 C.C.R. Section 71270) Describe library holdings, services, and other learning resources, including policies and procedures for supplying them to students who do not receive classroom instruction. Include an explanation of how the library and other learning resources are sufficient to support the instructional needs of students. If no facilities exist at the institution, how and when students may obtain access to a library and other learning resources as required by the curriculum. Document is attached: _____ Yes ____ No (if no, indicate reason)

19. JOB PLACEMENT ASSISTANCE (5 If an institution represents to the public, in any description of the job placement assistance that	manner, that it offers job pla	acements assistance, include a
Document is attached:YesN	lo (if no, indicate reason)	
20. COPY OF CATALOG (5 C.C.R. Section Include a copy of the institution's catalog, inclusion published or proposed-to-be-published form.		vly approved educational programs, in
Document is attached: Yes N	lo	
21. GRADUATION OR COMPLETION DO Submit a copy of the document that is awarded educational program. Document is attached: Yes N	d to a graduating student up	
22. RECORDKEEPING; CUSTODIAN OF Describe how records required by Article 9 of t documents contained in student files, how the are maintained in separate files. Include a statement of the institution's procedu Document is attached: Yes N	the Act are or will be organiz records are stored, and whe ures for security and safekee	ed and maintained, the types of ether academic and financial records
Custodian Of Records		
Name	Email Address	S
Physical Address		
City	State	Zip
Telephone Number		
Location of Records Provide the physical address(es) and telephor stored.	ne number(s) of the location	of the buildings where records are or will be
23. SELF_MONITORING PROCEDURES Describe the procedures used by the institution with the Act and this Division.		n is operated and maintained in compliance
Document is attached:YesNo Form Application 94886 (rev. 2/10)		Page 7 of 8

24. ADDITIONAL INFORMATION (5 C.C.R. Section 71340) Include any material facts, which have not otherwise been disclosed in the application than might reasonably affect the Bureau's decisions to grant an approval to operate.

Document i	s attached:Ye	es No			
	on may also include a grant and approval to o		tution would like t	ne Bureau to consider in deciding	g
Document i	s attached:Ye	es No			
DECLARATION UNDER PENALTY OF PERJURY (5 C.C.R. Section 71380) Each owner of the institution, or If the institution is incorporated, by the chief executive officer of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or By each member of the governing body of a nonprofit corporation.					
I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.					
Signature				Date	
Name					
Address					
City			State	Zip	
Owning	% of Ownership	Member, Board of Direc	etors	General Partner	
I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.					
Signature				Date	
Name					
Address					
City			State	Zip	
Owning	% of Ownership	Member, Board of Direc	etorsC	General Partner	

Attach Additional Sheet(s) if Necessary