

APPLICATION FOR CANDIDACY

All Programs (Academic and/or Certification Programs and Emotional Growth Programs)

This is our request for Candidacy Status in the National Independent Private Schools Association Accreditation and Certification Program.

Date: _____

Name of Organization: _____

Name of Program if different from above: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: _____

Email: _____ Web Site: _____

We are applying for:

Academic Accreditation Therapeutic Certification Both Emotional Growth or Adult Program

If the program/school is academically accredited by one of the following accrediting association or agencies please indicate:

- An agency or association that is a member of the NCPSA (See list on page 4)
- The Middle States Association of Commission on Elementary and Secondary Schools
- For therapeutic schools and programs - CARF, COA or The Joint Commission (Formerly JAHCO)
- Other (Please give name) _____

If the school is accredited by an association or agency approved by NIPSA are you applying for dual or reciprocal accreditation? Yes No If yes, please give the date of the school's initial accreditation and the expiration date.

Initial Accreditation: ____/____/20 ____ Expiration date: ____/____/20 ____

If your school is not accredited or certified at this time, but you are seeking accreditation or certification with another agency, please indicate in what year you anticipate accreditation or certification and the name of the agency: Agency _____ Date: ____/____/20 ____

Choose YES or NO for each item:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The school/organization has legal authority to operate in its state. (All documents relating to local, state and federal regulations governing the operation of the school/program must be attached.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The owner or representative is the chief administrative officer of the school/organization and is properly prepared to direct and manage the school/organization. (Attach qualifications.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The school/organization has been in operation for two (2) years with enrolled students or clients. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The school/organization has a written statement of its mission and goals, and a statement of non-discrimination. (Attach documentation.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The school/organization can demonstrate its ability to provide appropriate resources for fulfilling its purposes. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The professional expertise of each staff member is demonstrated through one or |

more of the following criteria:

- a. Holds appropriate qualifying certificates.
 - b. Has a baccalaureate or higher degree from an accredited or recognized college.
 - c. If not meeting one or both of the above, must have a letter in his or her permanent record with documentation why he or she is especially or uniquely qualified in the assignment.
 - d. The therapeutic staff is fully qualified for the roles they have been assigned.
7. The school or organization has adequate materials and facilities to fulfill its mission.
8. The owner or designated representative has expressed in writing his or her organization's (or school's) intent to be accredited and/or certified by NIPSA.
9. The school or organization, by completing this Candidacy Form, is willing to comply with all accreditation fees and expenses; provide necessary information to NIPSA and official representatives as they fulfill the accreditation process; and shall allow its accreditation status to be published or otherwise known to other agencies, institutions or individuals. (Fee schedule attached)
10. The applicant acknowledges that membership or accreditation can be cancelled if in the opinion of the NIPSA board of directors the school or organization has violated a law or has not met the standards of ethical conduct as established in the NIPSA Code of Conduct (attached).

NOTE: If you marked "N" (No) for any item on any item on page 1 and 2, please call the NIPSA National Office at 305-630-2557 for clarification or provide an explanation on a separate sheet of paper.

If you need extra room to complete any of the following items, please do answer on a separate sheet of paper and specific the Item number.

11. Please describe your program. If you have an academic component, please mark (x) in the appropriate boxes below for grade levels offered at your school:

<input type="checkbox"/>	Preschool	<input type="checkbox"/>	Elementary Through Grade 8
<input type="checkbox"/>	4 Year Old Kindergarten	<input type="checkbox"/>	Middle School/ Jr. High School 6-8
<input type="checkbox"/>	5 Year Old Kindergarten	<input type="checkbox"/>	Secondary School 9-12
<input type="checkbox"/>	Elementary Through Grade 6	<input type="checkbox"/>	Other (Please Describe) _____

12. Total School/Program Enrollment _____ Date School/Program Established: Date: ____/____/____

13. If you are applying for therapeutic certification please indicate the level for which you are applying:
Level I Level II Level III Level IV (See page 4 for description of levels)

14. If your school is an emotional growth or adult program please describe the activities or educational component of your school and how they are implemented. (Please do this on a separate sheet or attach your program description materials, i.e. brochure, promotion book, etc.)

15. Is the school or organization established as a for profit entity (Answer must be yes)? Yes No

Describe the school or program's organization (For-Profit Corporation, For-Profit LLC, sole proprietorship, etc.):

16. Do you use a specific curriculum or system in your academic or therapeutic program? (ie. Montessori, etc.)

Yes No N/A If yes, please specify _____

17. Do you anticipate a curriculum or program change in the future? Yes No N/A
If yes, please describe the changes you will be making:

18. Is your school approved, accredited or certified by the state? Yes No

19. Professional References (provide 2)

Name Address City State and Zip Telephone

20. I have read the membership and fee requirements of the National Independent Private Schools Association (NIPSA) and I agree to maintain my membership and/or candidacy in good standing. I certify that this school or program is a privately owned, for-profit, tax-paying entity. I also acknowledge that I must apply for accreditation and certification, conduct a self-study and undergo a site visitation by a team of my peers within three (3) years of becoming accepted for candidacy. This Application for Candidacy submitted to the National Independent Private Schools Association is a true representation of our proprietary school or organization. I have read all of the eligibility requirements and the fee schedule. I understand that this letter and application are only the beginning of the process. Application fee of \$350.00 must accompany this application.

Name of Owner (Please Print) _____

Signature of Owner Date: ____/____/20____

If not School Owner Designated Representative (Please print):

Name _____ Title _____

Authorized Signature: Date: ____/____/20____

Please initial each page.

Please include copies of your brochures and other information provided to prospective patrons.

THERAPEUTIC PROGRAM LEVELS

Level I: Counseling and guidance are provided as part of the program on an as needed basis and may be provided on-site or by outside referrals.

Level II: Clinicians are provided for students identified as in need of counseling or therapy. Sessions are conducted at least weekly on site and may be group or individual.

Level III: Regular therapy is part of the ongoing program and is a requirement for ALL of the students in the school. Sessions are conducted at least weekly and as needed, may be group or individual, and are conducted on site.

Level IV: Regular ongoing intensive treatment is provided at least daily and as needed. Psychiatric care, including evaluation and medication management is provided at least monthly by the staff psychiatrist.

MEMBER ORGANIZATIONS – NATIONAL COUNCIL FOR PRIVATE SCHOOL ACCREDITATION

- Accrediting Association of Seventh-Day Adventist Schools, Colleges & Universities
- Alabama Independent School Association
- American Montessori Society
- Association of Christian Schools International
- Association of Christian Teachers and Schools – Assembly of God
- Association of Independent Schools of Florida
- Association of Waldorf Schools of North America
- Christian School International
- Christian Schools of Florida
- Florida Association of Christian Colleges and Schools
- Florida Catholic Conference
- Kentucky Nonpublic School Commission
- National Association Board of Merkos L'Inyonei Chinuch
- National Christian Schools Association
- National Independent Private Schools Association
- North American Christian School Accrediting Association
- Wisconsin Evangelical Lutheran Synod School Accreditation

NIPSA HAS A CO-ACCREDITATION AGREEMENT WITH THE MIDDLE STATES ASSOCIATION OF COLLEGES AND SCHOOLS (MSACS.) AND WITH THE NORTHWEST ASSOCIATION OF ACCREDITED SCHOOLS (NAAS.)