

**LICENSE APPLICATION
FOR
POSTSECONDARY
ACADEMIC DEGREE-GRANTING
INSTITUTIONS**

**RENEWALS
2017-2018**



**BOARD OF REGENTS
STATE OF LOUISIANA**

**LICENSE APPLICATION FOR POSTSECONDARY
ACADEMIC DEGREE-GRANTING INSTITUTIONS**

This license application is designed to provide the Board of Regents with information pertaining to criteria and requirements for licensure of postsecondary, academic degree-granting institutions in the state of Louisiana pursuant to R.S. 17:1808. This information must be provided prior to licensing. Institutions must answer **all** questions on the application. Responses should apply to your institution's Louisiana operations only. If the space provided for any question is insufficient, please attach additional sheets as necessary.

Completed license applications should be returned to:

Dr. Larry Tremblay
Louisiana Board of Regents
P.O. Box 3677
Baton Rouge, Louisiana 70821-3677

All applications must be accompanied by a non-refundable fee of one thousand five hundred dollars (\$1500.00). The license application fee must be paid by company or institutional check or by money order, and should be made payable to the Louisiana Board of Regents. Any institution granted a license to operate will be required to pay an additional one thousand five hundred dollars (\$1500.00) at the start of the second year of the two-year licensing period. License renewal fees are required during each subsequent two-year licensing period and are non-refundable.

NAME AND LOUISIANA ADDRESS OF INSTITUTION

Name of Institution

Street or P. O. Box () Area Code Telephone Number

City, State and Zip Code () Area Code FAX Number

PRINCIPLE CONTACT OF STAFF MEMBER THAT IS RESPONSIBLE FOR INSTITUTIONAL LICENSURE:

Name: _____

Phone Number: _____

Email Address: _____

INSTITUTIONAL WEBSITE ADDRESS

NAME AND PERMANENT ADDRESS OF INSTITUTION'S MAIN CAMPUS, IF DIFFERENT FROM ABOVE

Name of Institution

Street or P. O. Box () Area Code Telephone Number

City, State and Zip Code () Area Code FAX Number

REGIONAL AND/OR PROFESSIONAL ACCREDITATION *(If new institution please list agency with which you plan to seek accreditation)*

Agency Status/Date

Agency Status/Date

I. FACULTY

This section deals with general information on institutional faculty. Please provide all requested information based on employment as of September 1.

1. Indicate the number of total faculty, full-time faculty, and part-time faculty employed by your institution that supports your Louisiana operations.

Total Number of Faculty	
Number of Faculty Employed on a Full-Time Basis	
Number of Faculty Employed on a Part-Time Basis	

Note: A full-time faculty member is defined as an individual who works a minimum of forty hours per week for your institution with at least fifty percent of his/her work responsibility assigned to academic instruction and/or research functions.

2. Of the faculty listed in Item #1, indicate the number who possess the following academic degrees from accredited institutions recognized by the United States Department of Education. **(Also, for new unaccredited institutions domiciled in Louisiana, please provide curriculum vita for employed faculty on flash drive or CD).**

HIGHEST EARNED DEGREE	FULL-TIME FACULTY	PART-TIME FACULTY	TOTAL FACULTY
Doctorate			
Special/Professional			
Master's			
Bachelor's			
Other			

II. ACADEMIC PROGRAM STANDARDS

1. by checking this box, the institution agrees to provide prospective students and other interested persons with the following information.

1. Admission policies;
 2. program descriptions and objectives;
 3. schedule of tuition, fees, and other charges;
 4. cancellation and refund policies;
 5. other material information about the institution and its programs which may impact a student's enrollment.
2. If the institution offers classroom instruction in Louisiana, list the locations where classes are taught; "Name(s), location(s), where classes are taught. "Check types of instruction provided."

Correspondence		Classroom Laboratory	
Classroom Lecture		Independent Study	
Other			

3. List the number of academic programs that are (or will be) available to Louisiana residents by the institution at each degree level. Include total unduplicated headcount enrollment figures as of September 1, by degree level.

DEGREE LEVEL	NUMBER OF ACADEMIC PROGRAMS	LOUISIANA UNDUPLICATED HEADCOUNT ENROLLMENT
Doctorate		
Special/Professional		
Master's		
Bachelor's		
Associate		
Diploma		
Certificate		
Other		
TOTAL		

Note: Attach a listing of academic programs offered in Louisiana.

4. Does the institution compile data on student retention and graduation rates? (Check on of the following boxes.)

Yes	
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No	
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5. If the answer is yes to question #4, describe: (a) how these data are compiled; (b) how these data are used by the institution; and (c) if these data are available to potential students upon request. Include a copy of most recent data.

6. Does the institution compile data on passage rates for students taking professional license and certification exams (if applicable)? (Check on of the following boxes.)

Yes	
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No	
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III. PHYSICAL PLANT STANDARDS

- By checking this box the institution agrees to maintain or provide access to appropriate administrative, classroom, laboratory space, appropriate equipment and instructional materials to support quality education based on the type and level of program being offered. Facilities must comply with all health and safety laws and ordinances.
- By checking this box the institution agrees to maintain and/or provide student access to an appropriate library collection with adequate support staff, services, and equipment. Any contractual agreements with libraries not directly affiliated with the institution shall be available in writing to the Board of Regents.

IV. FINANCIAL AND ADMINISTRATIVE OPERATIONS

1. Attach the current résumé of the institution's chief executive officer.
2. Indicate the type and amount of insurance coverage held by the institution and the name and address of the issuing agent.

3. Attach a copy of this year's financial review for your institution.

Note: All institutions shall provide the Board of Regents with a financial review prepared in accordance with standards established by the American Institute of Certified Public Accountants. However, any institution accredited by an agency recognized by the United States Department of Education may, at its discretion, submit financial statements prepared in accordance with rules and guidelines established by the accrediting agency.

4. Attach a copy of the organizational chart representing the governance structure of the institution, including names and contact information.

V. TEACHER AND EDUCATIONAL LEADER PROGRAMS ONLY (*This section should only be answered by programs that offer courses and degrees for teachers and educational leaders in Louisiana.*)

1. Are you or will you be offering face to face teacher/leader courses/programs with or without clinical experiences in Louisiana and/or online teacher/leader courses/programs with clinical experiences in Louisiana that *result in initial teacher or leader certification being placed on teacher/leader certificates?*

Yes	
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No	
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2. Are you or will you be offering face to face teacher/leader courses/programs with or without clinical experiences in Louisiana and/or online teacher/leader courses/programs with clinical experiences in Louisiana that *do or do not result in add-on certifications/endorsements being placed on teacher/leader certificates in Louisiana?*

Yes	
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No	
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3. Are you or will you be offering other types of courses/programs for teachers or leaders?

Yes	
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No	
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4. Is your teacher preparation program currently accredited by the National Council for Accreditation of Teacher Education (NCATE) or Teacher Education Accreditation Council (TEAC) or is it pursuing accreditation by NCATE or TEAC?

Yes	
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No	
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If yes, what is your current status with NCATE or TEAC (e.g., Pre-candidate, Candidate, Accredited, etc.)?

Current Status	
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Note: The term clinical experiences shall mean site-based learning activities (e.g., clinical, internships, student teaching, practicum, field-based experiences, etc.) in settings (e.g., hospitals, schools, businesses, etc.) in which candidates are working with patients, children, teachers, principals, etc. in Louisiana and are observed/assisted/ evaluated by supervisors, preceptors, coaches, teachers, principals, or other individuals to determine that course and/program requirements have been addressed.

VI. By checking this box the institution agrees to adhere to all criteria and requirements for licensure in the State of Louisiana, as outlined in <http://regents.louisiana.gov/wp-content/uploads/2013/03/Compiled-Rules-and-Regulations.pdf>

PLEASE NOTE

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I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE TO THE BEST OF MY KNOWLEDGE. ALSO ENCLOSED IS CHECK/MONEY ORDER # _____ FOR \$1,500.00 MADE PAYABLE TO THE LOUISIANA BOARD OF REGENTS.

PRINTED NAME: _____

Chief Executive Officer

SIGNATURE: _____

Chief Executive Officer

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

Notary Public

RETURN LICENSE APPLICATION AND NON-REFUNDABLE FEE TO:

**Dr. Larry Tremblay
Louisiana Board of Regents
P.O. Box 3677
Baton Rouge, LA 70821-3677**

In the event licensure is granted by the Louisiana Board of Regents, institutions which do not hold regional or national accreditation will be required to post a surety bond in the amount of ten-thousand dollars (\$10,000.00) issued by a surety authorized to do business in the State of Louisiana.