



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

<b>OFFICE USE ONLY</b>
Date Stamp _____
SAIL application # _____
Application fee _____ Date _____
School Code _____
Revenue Code <b>1258003H</b>

**Application for Renewal of Approval to Operate and Offer Educational Programs for  
Non-Accredited Institutions**

*(California Education Code §§ 94885, 94887, 94891; Title 5, California Code of Regulations § 71475)*

**(\$3,500.00 non-refundable fee) Main  
(\$3,000.00 non-refundable fee) Branch**

**1. INSTITUTION**

Name of Institution: \_\_\_\_\_ Institution/School Code: \_\_\_\_\_

Physical Address of the Primary Administrative Location in California: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Institution's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website 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: \_\_\_\_\_

## 2. INSTITUTION'S CONTACT PERSON (for this application)

Name	Email Address	
Address		
City	State	Zip
Telephone Number	Fax Number	

## 3. FORM OF BUSINESS ORGANIZATION

Individually owned; sole proprietorship

General Partnership  Limited Partnership

For Profit Corporation  Non-Profit Corporation  Limited Liability Corporation

State where incorporated  Date of Incorporation

(Attach copies of the articles of incorporation and bylaws.)

### 4.1 OWNER(S)

List all people who own or control 25% or more of the stock or interest in the institution or any other person who exercises substantial control over the institution's management or policies, or any other financial involvement in the institution. Attach separate sheets if necessary.  Please check here if addition sheet(s) is (are) attached

Name	Title:	
Physical Address (Home Address)	Federal Employer Identification Number for Partnerships; Social Security Number for all others*:	
City	State	Zip
Telephone Number	Email Address	
Percentage of Ownership:	Nature of Interest:	
Name	Title	
Physical Address (Home Address)	Federal Employer Identification Number for Partnerships; Social Security Number for all others*:	
City	State	Zip
Telephone Number	Email Address	
Percentage of Ownership:	Nature of Interest:	

\*Disclosure of your federal employer identification number (EIN) or social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA 405 (c)(2)(C) authorize collection of your EIN/SSN. Your EIN/SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your EIN/SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### 4.2 Attach a Statement from anyone listed in 4.1 who:

a) Was found in any judicial or administrative proceeding to have violated the Act or the law of any other state related to untrue or misleading advertising, the solicitation of prospective students for enrollment in an educational service, or the operation of a postsecondary school.

b) Was denied any type of license on grounds set forth in Section 480 of the Business and Professions Code.

c) Was adjudicated as responsible for the closure of an institution in which there were unpaid liabilities to the state or federal government or any uncompensated pecuniary losses suffered by students

d) Has stipulated to a judgment or administrative order or entered a consent decree involving any matters described in this section.

e) Was convicted of any misdemeanor or felony as provided in Section 480(a)(1) of the Business and Professions Code.

Please check here if there is an (are) attachment(s)

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### 4.3 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)

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## 5. AGENT FOR SERVICE OF PROCESS WITHIN CALIFORNIA

Name \_\_\_\_\_ Title \_\_\_\_\_

Physical Address \_\_\_\_\_  
(not the address of the school)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**I confirm my contact information listed above and acknowledge that I am the designated agent for service of process.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## 6. ORGANIZATION AND MANAGEMENT

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 There are no substantial changes \_\_\_\_\_ (initial)

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Provide a description of the job duties and responsibilities of each administrative and faculty position.

Document is attached: \_\_\_\_\_ Yes \_\_\_\_\_ No There are no substantial changes \_\_\_\_\_ (initial)

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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 is attached: \_\_\_\_\_ Yes \_\_\_\_\_ No There are no substantial changes \_\_\_\_\_ (initial)

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**7. GOVERNING BOARD**

If the institution has a governing board, include the name, work address and telephone number of each member of the governing board.

Document is attached:  Yes  No  There are no substantial changes \_\_\_\_\_ (initial)

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**8. INSTITUTION REPRESENTATIVE**

Bureau Contact  There are no substantial changes \_\_\_\_\_ (initial)

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

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**9. MISSION AND OBJECTIVES**

Describe in detail its mission and objectives

Document is attached:  Yes  No  There are no substantial changes \_\_\_\_\_ (initial)

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**10. EXEMPLARS OF STUDENT AGREEMENTS**

Include, with its application, exemplars of all student enrollment agreements and instruments of indebtedness.

Document is attached:  Yes  No

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**11. FINANCIAL AID POLICIES, PRACTICES, AND DISCLOSURES**

If an institution receives financial aid because its students qualify for it under any state or federal financial aid program, the application shall include a statement of its policies, practices, and disclosures regarding financial aid.

Document is attached:  Yes  No  There are no substantial changes \_\_\_\_\_ (initial)

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**12. ADVERTISING AND OTHER PUBLIC STATEMENTS**

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 each of the following: The institution. Each educational program offered by the institution.

Document is attached:  Yes  No (If no, indicate reason)

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If advertising is broadcasted by television or radio, include a copy of the script.

Document is attached:  Yes  No (If no, indicate reason)

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### 13. INSTRUCTION AND DEGREES OFFERED

There are no substantial changes \_\_\_\_\_ (initial)

Identify and describe the educational program(s) it 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, and if applicable information on the ability to benefit test.
2. The types and amount of general education required.
3. The title of the educational programs and other components of instruction offered.
4. The mode of instruction.
5. The graduation requirements.
6. If the educational program is designed to fit or prepare students for employment in any occupation, the application shall identify each occupation and job title to which each educational program is represented to lead.

Document is attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

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### 14. DESCRIPTION OF EDUCATIONAL PROGRAM

Each educational program meets the requirements of 5 C.C.R. section 71710? \_\_\_\_\_ Yes \_\_\_\_\_ No

Educational Program,

1. Describe each educational program.
2. The equipment to be used during the educational program
3. The number and qualifications of the faculty needed to teach the educational program.
4. 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 was submitted.
5. A description of the learning, skills, and other competencies to be acquired by students who complete the education program
6. 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 conditional 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 curriculum or syllabi required pursuant to CCR section 71710

Document is attached: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ There are no substantial changes \_\_\_\_\_ (initial)

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### 15. INSTRUCTION IN LANGUAGES OTHER THAN ENGLISH

For an educational program, or a portion of it, in a language other than English, describe for each educational program:

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 \_\_\_\_\_ There are no substantial changes \_\_\_\_\_ (initial)

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**16. FINANCIAL RESOURCES AND REPORTS**

This institution has and can maintain the financial resources required pursuant to 5 C.C.R. section 71745.

Please check one:  Yes  No

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Submit current, audited financial statements with the application for approval to operate.

Document is attached:  Yes  No

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**17. FACULTY**

The institution has contracted with sufficient duly qualified faculty members who meet the qualification of 5 C.C.R.section 71720.

Document is attached:  Yes  No There are no substantial changes  (initial)

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**18. FACILITIES AND EQUIPMENT**

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 There are no substantial changes  (initial)

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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 There are no substantial changes  (initial)

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The description of the physical facilities shall include building diagrams or campus maps to assist the Bureau in locating these facilities. The diagrams or maps shall identify the location of classrooms, laboratories, workshops, and libraries.

Document is attached:  Yes  No There are no substantial changes  (initial)

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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 There are no substantial changes  (initial)

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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 There are no substantial changes  (initial)

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**19. LIBRARIES AND OTHER LEARNING RESOURCES**

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 There are no substantial changes  (initial)

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**20. JOB PLACEMENT ASSISTANCE**

If an institution represents to the public, in any manner, that it offers job placement assistance, the application shall include a description of the job placement assistance that it provides.

Document is attached:  Yes  No There are no substantial changes  (initial)

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**21. COPY OF CATALOG**

Include a copy of the institution’s catalog, including addenda reflecting newly approved educational programs, in published or proposed-to-be-published form.

Document is attached:  Yes  No

**22. GRADUATION OR COMPLETION DOCUMENTS**

Submit a copy of the document that is awarded to a graduating student upon successful completion of each educational program.

Document is attached:  Yes  No There are no substantial changes  (initial)

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**23. RECORDKEEPING; CUSTODIAN OF RECORDS**

Describe how records required by Article 9 of the Act are or will be organized and maintained, the types of documents contained in student files, how the records are stored, and whether academic and financial records are maintained in separate files.

Include a statement of the institution’s procedures for security and safekeeping of records.

Document is attached:  Yes  No There are no substantial changes  (initial)

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Include the name, physical address, email address and telephone number of the custodian of records, and the addresses and telephone numbers of the offices or buildings where the records will be maintained.

Document is attached:  Yes  No There are no substantial changes  (initial)

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**24. SELF MONITORING PROCEDURES**

Describe the procedures used by the institution to assure that the institution is operated and maintained in compliance with the Act and this Division.

Document is attached:  Yes  No There are no substantial changes  (initial)

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**25. ADDITIONAL INFORMATION**

Include any material facts, which have not otherwise been disclosed in the application that without inclusion would cause the information in the application to be false, misleading or incomplete or that might reasonably affect the Bureau's decisions to grant an approval to operate.

Document is attached:  Yes  No

The institution may also include any other facts, which the institution would like the Bureau to consider in renewing the approval to operate.

Document is attached:  Yes  No

**26. DECLARATION UNDER PENALTY OF PERJURY**

- 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 \_\_\_\_\_%, Member, Board of Directors \_\_\_\_\_ General Partner \_\_\_\_\_ Chief Executive Officer \_\_\_\_\_

**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 \_\_\_\_\_%, Member, Board of Directors \_\_\_\_\_ General Partner \_\_\_\_\_ Chief Executive Officer \_\_\_\_\_

Attach Additional Sheets if Necessary





## Renewal Application Optional Questionnaire

Business and Profession Code Section 114.5 requires all boards, bureaus, committees and commissions within the Department of Consumer Affairs to ask whether an applicant or licensee is serving in, or has previously served in, the military. Answering these questions is optional but if you can check “YES” below, please complete and return this insert with your renewal application.

<b>1) Is your institution individually owned or a sole proprietorship?</b>	Yes <input type="checkbox"/> <i>If “Yes,” proceed to question 2 below.</i>
<b>2) Are you currently serving, or have you previously served, in the military?</b>	Yes <input type="checkbox"/>
If checked YES to Questions 1 <b>and</b> 2, please return this form with your renewal application, completing the information below.  Name of Institution: _____  BPPE Institution Code: _____	



**Bureau for Private Postsecondary Education**  
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P.O. Box 980818, West Sacramento, CA 95798-0818  
P (916) 574-8900 F (916) 263-1897 [www.bppe.ca.gov](http://www.bppe.ca.gov)



## Renewal Application Optional Questionnaire

Business and Profession Code Section 135.4 requires all boards, bureaus, committees and commissions within the Department of Consumer Affairs to ask whether an applicant has refugee status, has been granted asylum or a special visa. Answering these questions is optional but if you can check “YES” to both questions below, please return this insert with your application for an approval to operate.:

<b>1) Is your institution individually owned or a sole proprietorship?</b>	Yes  If “Yes,” proceed to question 2 below
<b>2) As the owner of the institution have you been admitted to the United States as a refugee under Section 1157 of Title 8 of the United States Code, have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or they have a special immigrant visa (SIV).</b>	Yes

If you checked YES to Questions 1 **and** 2, please return this form with your approval to operate application, completing the information below.

Name of Institution: \_\_\_\_\_