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### Application for Registration or Re-Registration of Out of State Institutions

(California Education Code §§ 94801.5, 94850.5, 94930.5; Title 5, California Code of Regulations §§ 71396, 74000, 76130, 76215)

(\$1,500.00 fee to register and re-register)

Effective July 1, 2017, an out-of-state private postsecondary educational institution must register with the Bureau or is not authorized to enroll California students. (Ed. Code § 94801.5.) "Out-of-state private postsecondary educational institution" means a private entity without a physical presence in California that offers postsecondary distance education to California students for a fee, regardless of whether the entity has any affiliates located in California. (Ed. Code § 94850.5.) Non-public higher education institutions that are degree granting, non-profit, and accredited are exempt and need not register. (Ed. Code § 94801.5(b).) Each registration and re-registration application carries a nonrefundable fee of \$1,500.00 and is valid for two years. An approved registration is valid for five years. (Ed. Code §§ 94930.5(e)(1), 94801.5(d).)

To be eligible to register (or for re-registration after expiration of a prior registration), the \$1,500 fee and following any applicable documentation identified below must be included with the information required in this application:

- ~~1. Verification that the institution is accredited by an accrediting agency recognized by the United States Department of Education.~~
- ~~2. Verification that that the institution is approved to operate in the state where it maintains its main administrative location.~~
- ~~3. A copy of the institution's (a) catalog and (b) enrollment agreement for its California students, including the required Student Tuition Recovery Fund disclosures.~~
- ~~4. A \$1,500.00 non-refundable registration fee.~~

Check one of the following:

- This is an initial application for registration. (The Bureau has not previously granted a registration).
- or
- This is an application for re-registration. (The Bureau previously granted a registration; Number \_\_\_\_\_).

**If this is an application for re-registration, check the following statements if accurate:**

- The institution certifies that it has remitted Student Tuition Recovery Fund assessments collected from its California students to the Bureau.
- The institution certifies that it has provided Student Tuition Recovery Fund disclosures to its California students in its catalog and/or enrollment agreement.

<b>OFFICE USE ONLY</b>			
Date Stamp	SAIL Application # _____	Institution Code _____	
	Application Fee <u>Received</u> _____	Date _____	Revenue Code *****125700-2E

<b>SECTION 1. – OUT-OF-STATE INSTITUTION</b>				
Legal Name of Institution:				
Business Form (please check only one):				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation (For-Profit)	<input type="checkbox"/> Corporation (Non-Profit)
DBA or Trade Name of Institution (If different than legal name):				
Institution's Main Administrative Address:				
City:	State:	Zip:		
Phone Number:		Fax Number:		
Website Address:				

<b>SECTION 2. – INSTITUTION'S CONTACT PERSON (for this application) FOR THIS APPLICATION</b>		
Name:	Email address:	
Address:		
City:	State:	Zip:
Telephone Number:	Fax Number:	

<b>SECTION 3. – INSTITUTION'S CALIFORNIA AGENT FOR SERVICE OF PROCESS</b>		
The institution is required to designate and maintain an agent for service of process who is physically within this state, and provide the name, address, and telephone number of the agent to the Bureau.		
Name:		
Address:		
City:	State:	Zip:
Telephone Number:	Email Address (optional):	

<b>SECTION 4. – AFFILIATED INSTITUTION(S) IN CALIFORNIA (if any)</b>
Identify any affiliated institutions or affiliated institutional locations the out-of-state institution has in California. Attach additional <del>sheets</del> <u>pages</u> if necessary. An affiliate <u>means your school or program has a formal collaborative agreement with another school or program where your school or program agrees to utilize the policies, curriculum, facilities, employees or equipment of the other school or program, or it is an entity that is related to the out-of-state institution by financial interests or other means of control, including the same ownership or management (by the same individual(s) or business entity).</u>
Legal Name of Affiliate Institution:
Institution/School Code with the Bureau:
Business Form (please check only one):

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation (For-Profit)	<input type="checkbox"/> Corporation (Non-Profit)
DBA or Trade Name of Affiliate Institution or Affiliate Locations (if different than legal name):				
Affiliate Institution's California Address(es):				
City:	State:	Zip		
Phone Number:			Fax Number:	

Complete sections 5 through 9 as applicable.

<b>SECTION 5. – ACCREDITATION</b>
Attached is verification of accreditation granted by the institution's accrediting agency that is recognized by the United States Department of Education. <input type="checkbox"/>
Document is attached: _____ (initial)

<b>SECTION 6. – STATE AUTHORIZATION</b>
Attached is verification that the institution is approved to operate in the state of its main administrative location. <input type="checkbox"/>
Document is attached: _____ (initial)

<b>SECTION 7 – FINANCIAL RESPONSIBILITY</b>
(a) <u>If applicable, for institutions participating in federal student financial aid programs under Title IV of the Higher Education Act (20 U.S.C. 1070 et seq.) ("participating institutions"), attach the institution's Financial Responsibility Composite Scores as described and calculated in Title 34, Code of Federal Regulations (C.F.R.) sections 668.171 and 668.172 for the past five years, as determined by the U.S. Department of Education.</u>
Documents are attached: _____ (initial)
(b) <u>If applicable, for participating institutions, was the institution placed on Heightened Cash Monitoring as described in 34 C.F.R. section 668.162?</u>
<input type="checkbox"/> Yes (statement attached) <input type="checkbox"/> No _____ (initial)
<u>If "yes", provide the dates that the institution was placed on Heightened Cash Monitoring and specify if it was Level 1 or Level 2 in a statement attached to this application.</u>

<b>SECTION 7.8 – CATALOG AND ENROLLMENT AGREEMENT (STRF Student Disclosures)</b>
Attached <del>are</del> <u>is a copy</u> of the current catalog and a sample enrollment agreement for California students <u>or other documentation</u> showing the required Student Tuition Recovery Fund (STRF) <u>student disclosures</u> .
<input type="checkbox"/> Catalog attached: _____ (initial)
<input checked="" type="checkbox"/> Enrollment Agreement

For institutions that use enrollment agreements, attached is a copy of an enrollment agreement for California students showing the required STRF student disclosures as referenced in Title 5, California Code of Regulations (CCR) section 71396(c).

Enrollment agreement attached: \_\_\_\_\_ (initial)

For institutions that do not use enrollment agreements, attached are documents showing how the required STRF student disclosures were provided to California students.

Documents attached: \_\_\_\_\_ (initial)

Attached are copies of the STRF records required to be kept by 5 CCR section 76140 for each California student for the past five years. If this is a new application, please attach a copy of a spreadsheet formatted to collect the information required by 5 CCR section 76140.

Documents are attached: \_\_\_\_\_ (initial)

**SECTION 9 – EXPLANATION OF PRIOR OR PENDING ACTIONS For the purposes of this section, “controlling officer” shall mean “person in control” as defined in California Education Code (CEC) section 94856 and “controlling interest” or “controlling investor” shall mean a person who owns 25% or more in stock of the institution as set forth in CCR section 71130.**

1. Has the institution, or a predecessor institution under substantially the same control or ownership as defined in CEC sections 94822 and 94823, had its authorization or approval revoked or suspended by a state or the federal government, or, within five years before submission of the registration or re-registration application, has the institution been subject to an enforcement action by a state or the federal government that resulted in the imposition of limits on enrollment or student aid, or is subject to such an action that is not final and that was ongoing at the time of submission of the registration or re-registration application? If yes, the institution shall provide the Bureau with a statement describing the relevant actions, providing an explanation of the facts and circumstances surrounding the action(s) and any remediation efforts the institution undertook as a result of the action(s).

Yes (statement attached)  No \_\_\_\_\_ (initial)

2. Has the institution, or a controlling officer of, or a controlling interest or controlling investor in, the institution or in the parent entity of the institution, been subject to any education, consumer protection, unfair business practice, fraud, or related enforcement action by a state or federal agency within five years prior to submitting the registration or re-registration application? If yes, the institution shall provide the Bureau a copy of the operative complaint with the registration or re-registration application.

Yes (statement attached)  No \_\_\_\_\_ (initial)

3. Is the institution currently on probation, show cause, or subject to other adverse action (as defined at 34 CFR sec. 602.3(b)), or the equivalent thereof, by its institutional accreditor or by a programmatic accreditor, or has the institution had its accreditation revoked or suspended within the five years prior to submitting the registration or re-registration application? If yes, the institution shall provide the Bureau with a statement describing the relevant action(s), providing an explanation of the facts and circumstances surrounding the action(s) and any remediation efforts the institution undertook as a result of the action(s).

Yes (statement attached)  No \_\_\_\_\_ (initial)

4. Has the institution, within five years prior to submitting the registration or re-registration application, settled, or been adjudged to have liability for, a civil complaint alleging the institution's failure to provide educational services, including a complaint alleging a violation of Title IX of the federal Education Amendments of 1972 (Public Law 92-318) or a similar state law, or a complaint alleging a violation of a law concerning consumer protection, unfair business practice, or fraud, filed by a student or former student, an employee or former employee, or a public official, for more than two hundred fifty thousand dollars (\$250,000)? If yes, the institution shall provide the Bureau a copy of the complaint filed by the plaintiff and a copy of the judgment or settlement agreement for any such judgment or settlement.

Yes (statement attached)  No \_\_\_\_\_ (initial)

5. Does the institution currently contract with any third parties for advertising, recruiting, instruction, or student services activities which, to the institution's knowledge, within the past five years, have settled, or been adjudged to have liability for, a civil complaint concerning consumer protection, unfair practices, or fraud, for more than two hundred fifty thousand dollars (\$250,000)? If yes, the institution shall provide the Bureau a copy of any contract between the institution and the third party and a statement listing the case name, case number and court or jurisdiction where the civil complaint was filed.

Yes (statement attached)  No \_\_\_\_\_ (initial)

6. Is the institution aware of current or former students having filed borrower defense claims as described in Title 34 C.F.R. section 685.206 with the Department of Education in the past five years? If yes, the institution shall provide the Bureau with the number of known borrower defense claims filed in each year of the past five-year period.

Yes (statement attached)  No \_\_\_\_\_ (initial)

7. Has the applicant or any person in control of the institution (as defined in CEC 94856) ever been convicted of a crime substantially related to the operation of an institution of higher education? For the purposes of this question, "substantially related" shall have the meaning set forth in CCR section 75060.

If yes, the institution shall provide the Bureau with a statement listing the name and title of the individual, and the details regarding any criminal conviction on a separate sheet attached to this application including: the date and place of arrest, name of court, court case number, code section violated, brief explanation of the offense, the sentence imposed and any information regarding rehabilitation efforts that the applicant or person in control would like to submit.

Note: Applicants or persons in control are not required to disclose any of the following:

(i) Convictions dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code (if such expungement occurred, please provide a copy of the court document showing the dismissal of the applicable criminal conviction(s) with this application);

(ii) Felony convictions for which the person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code;

(iii) Convictions that were adjudicated in the juvenile court; or,

(iv) Convictions under California Health and Safety Code sections 11357(b), (c), (d), (e), or section 11360(b) which are two years old or older.

Yes (statement attached)  No \_\_\_\_\_ (initial)

8. Attach copies of the policies and procedures under which a student may withdraw from or cancel enrollment, and the institution's policy for refunds, if not included in catalog and/or enrollment agreement in section 8.

Documentation attached: \_\_\_\_\_ (initial)

**SECTION 8.10 – CERTIFICATION UNDER PENALTY OF PERJURY**

I hereby certify, under penalty of perjury under the laws of the State of California, that I am a person authorized to act for and bind the applicant and that all statements, answers, and representations made on this form and any accompanying attachments are true, complete, and accurate to the best of my knowledge. ~~By submitting this form and signing below,~~ I am granting permission to the Bureau for Private Postsecondary Education to verify the information provided. By submitting this form and signing below, this institution agrees, as a condition of registration, to be bound by Section 94801.5 of the California Education Code. I acknowledge that the institution's registration may be rejected, conditioned, or revoked as provided by Section 94801.5.

Authorized Signature:	Date:
Print of Type Name:	Title:

**NOTICE ON COLLECTION OF PERSONAL INFORMATION**

The information requested on this application is mandatory pursuant to Education Code sections 94801.5, 94850.5 and Title 5 CCR section 71396. Failure to provide all of the information requested will result in the application being rejected as incomplete. The information provided will be used to determine qualification of the applicant for registration by the Bureau for Private Postsecondary Education (Bureau) as an out-of-state private postsecondary educational institution. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information maintained by the Bureau unless the records are exempted from disclosure by law. For questions about this notice or access to your records, you may contact the Bureau for Private Postsecondary Education, P.O. Box 980818, West Sacramento, CA 95798, by phone at (916) 434-6959-574-8900, or by email at [bppe@dca.ca.gov](mailto:bppe@dca.ca.gov).