



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

OFFICE USE ONLY
Date Stamp _____

SAIL application # _____

Application fee _____ Date _____

School Code _____

Revenue Code **1258003H** _____

**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)

(Main Location - \$3,500.00 Non-Refundable Fee)

(Branch Locations - # _____ X \$3,000.00 per location = \$ _____ Non-Refundable Fee)

(Total Non-Refundable Fee = \$ _____)

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 additional 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 17520 of the Family 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 3.1 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)

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)

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 _____

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)

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)

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)

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)

8. INSTITUTION REPRESENTATIVE

Bureau Contact ☐ There are no substantial changes ☐ (initial)

Name

Email Address

Address

City

State

Zip

Telephone Number

Fax Number

9. MISSION AND OBJECTIVES

Describe in detail its mission and objectives.

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

10. EXEMPLARS OF STUDENT AGREEMENTS

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

Document is attached: ☐ Yes ☐ No

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)

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)

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

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

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.
2. The types and mount 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

14. DESCRIPTION OF EDUCATIONAL PROGRAM

Each educational program meets the requirements of 5 C.C.R. section 71710.

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 he date the application was submitted.
4. A description of 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 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)

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)

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

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

Document is attached: ☐ Yes ☐ No

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)

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)

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)

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)

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)

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)

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)

20. JOB PLACEMENT ASSISTANCE

If an institution represents to the public, in any manner, that it offers job placements 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)

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)

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)

Include the name, physical 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)

24. ADDITIONAL INFORMATION

Include any material facts, which have not otherwise been disclosed in the application than might reasonably affect the Bureau's decision to renew the 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

25. DECLARATION UNDER PENALTY OF PERJURY

This application shall be signed with original or digital signature by the following:

- Each owner of the institution, or each partner in a partnership, or
- If the institution is incorporated, by the chief executive officer or president of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
- If the institution is a nonprofit corporation or a public institution, by the chief executive officer or the president.

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 Directors_____	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 Directors_____	General Partner_____

Attach Additional Sheets if Necessary.



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • BUREAU FOR PRIVATE POSTSECONDARY EDUCATION
1747 N. Market Blvd., Suite 225, Sacramento, CA 95834
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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.

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



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.:

1) Is your institution individually owned or a sole proprietorship?	Yes If "Yes," proceed to question 2 below
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).	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: _____



NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Bureau for Private Postsecondary Education (Bureau) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form in accordance with the following: Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 480, Education Code sections 94885 and 94887, Title 5 California Code of Regulations section 71110 through 71340, 71390, 71395, 71396, 71480, 71500, 71550, 71630, 71640, 71650, 71652, 71653, and the Information Practices Act (Civil Code section 1798 and following). The Bureau uses this information, in accordance with DCA's **Privacy Policy**, principally to identify and evaluate applicants for approval to operate a postsecondary educational institution, renew approvals, make substantive changes, verify exemptions, and enforce standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory. The Bureau cannot consider your application unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the Bureau contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The Bureau makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or for access to your records, contact Bureau for Private Postsecondary Education at 1747 North Market Blvd., Suite 225 Sacramento, CA 95834, by (888) 370-7589, or by email at bppe@dca.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.