**Nevada Commission on Postsecondary Education**

**Renewal of License Application**

**Applications for renewal of license are due a minimum of 60 days prior to the expiration of the license. Renewals must be typed. Please contact CPE if a fillable PDF is preferred.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Identification Information** | | | | | | |
| **Name of Institution** | | **Local Institution Phone Number** | | **Institutions Website** | | |
| **Main Nevada Address** | | **City** | | **State** | | **Zip code** |
| **Name of Director** | | **Directors Phone Number** | | **Directors email** | | |
| **Corporate Address** | | **City** | | **State** | | **Zip code** |
| **Contact for Renewal** | **Contact’s Position** | | **Contacts Email** | | **Contacts Phone Number** | |

**Required Documents**

**Evidence of Financial Soundness**

**Release for Substantiation of Financial Data (20a)**

Completed form required with application – notarized copy must be sent via mail to CPE

**Option #1:**  **Financial Statement (20b)**

All four pages must be completed and notarized

**Option #2:** Submit a financial statement reviewed or audited by a certified public accountant prepared within the 12 months immediately preceding the date on which the license expires.

**Curriculum Verification (form 30e)**

**Ownership (form 60)**

* + Include Nevada Secretary of State filing or exemption
  + Attach current municipal business license or exemption

**Catalog and Catalog Checklist 70**

Attach most recent published catalog to include all addendums and student handbooks)

**Enrollment Agreement (Form 70a)**

Attach current enrollment agreement

**Portal submission:** https://ft.nvdetr.org/form/CPE

**Mailed to: Commission on Postsecondary Education**

**Attn: Licensing**

**2800 E. St. Louis Avenue**

**Las Vegas, NV 89104**

I verify that the contents of this application are true and correct. I acknowledge that CPE will not process the Renewal application with missing or incomplete documents or outstanding backgrounds for required staff.

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| Printed Name of Applicant |  | Date | |
|  |  | |  |
| Signature of Applicant |  | |  |

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| **FINANCIAL STATEMENT 20b** | | | | | | | | | | |
| NAME OF INSTITUTION | | | ADDRESS | | | | | PHONE NUMBER | | |
| NAME OF SCHOOL OFFICIAL | | | | | POSITION | | | PHONE NUMBER | | |
| *LIST ALL INVESTORS AND ENTITIES PROVIDING LOANS MORE THAN $500:* | | | | | | | | | | |
| NAME OF **LENDER** | | | ADDRESS | | | | | | AMOUNT | |
| NAME OF **INVESTOR** | | | ADDRESS | | | RELATIONSHIP | | | AMOUNT | |
| NAME OF **INVESTOR** | | | ADDRESS | | | RELATIONSHIP | | | AMOUNT | |
| NAME OF **INVESTOR** | | | ADDRESS | | | RELATIONSHIP | | | AMOUNT | |
| ***LIST ALL INDIVIDUALS WHO HAVE A ROLE IN MANAGING THE INSTITUTION:*** | | | | | | | | | | |
| NAME | | | | ADDRESS | | PHONE # | | | POSITION/TITLE | |
| NAME | | | | ADDRESS | | PHONE # | | | POSITION/TITLE | |
| NAME | | | | ADDRESS | | PHONE # | | | POSITION/TITLE | |
| NAME | | | | ADDRESS | | PHONE # | | | POSITION/TITLE | |
| ***LIST EACH FINANCIAL INSTITUTE WHICH THE INSTITUTION USES:*** | | | | | | | | | | |
| NAME OF FINANCIAL INSTITUTION | | | | ADDRESS | | ACCOUNT # | | | | |
| NAME OF FINANCIAL INSTITUTION | | | | ADDRESS | | ACCOUNT # | | | | |
| NAME OF FINANCIAL INSTITUTION | | | | ADDRESS | | ACCOUNT # | | | | |
| YES | NO | *PLEASE CHECK THE APPROPRIATE ANSWER:* | | | | | | | | |
|  |  | Has your interest in the school been assigned, pledged or hypothecated to any person, firm corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in parts or whole? If yes, attach a detailed explanation. | | | | | | | | |
|  |  | Have you or any principal ever filed for bankruptcy? If yes, attached a detailed explanation and include all court documents pertaining the filing. | | | | | | | | |
|  |  | Would you voluntarily submit a copy of your most recent federal income tax return? | | | | | | | | |
|  | | | | | | | | | | |
| FULL NAME UNDER WHICH THE OWNER’S FEDERAL INCOME TAX RETURN WAS FILED | | | | | | | FILING YEAR | | DATE FILED | |
|  | | | | | | | | | | **PAGE 1 OF 4** |

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| **STATEMENT OF ASSETS** | | | | | |
| **THE FOLLOWING IS A COMPLETE LIST OF ASSETS CURRENT AS OF** | | | **DATE** | | |
| CASH ON HAND | | | | AMOUNT  $ | |
| RECEIVABLE INCOME DESCRIPTION | DUE DATE | COLLECTIBLE?  Yes  No | | AMOUNT  $ | |
| RECEIVABLE INCOME DESCRIPTION | DUE DATE | COLLECTIBLE?  Yes  No | | AMOUNT  $ | |
| RECEIVABLE INCOME DESCRIPTION | DUE DATE | COLLECTIBLE?  Yes  No | | AMOUNT  $ | |
| STOCKS/BONDS | | | | MARKET VALUE  $ | |
| OTHER ASSETS | | | | MARKET VALUE  $ | |
| REAL ESTATE/BUILDINGS | | | | MARKET VALUE  $ | |
| PROPERTY/EQUIPMENT | | | | VALUE  $ | |
| PROPERTY/EQUIPMENT/ETC. | | | | VALUE  $ | |
| PROPERTY/EQUIPMENT/ETC. | | | | VALUE  $ | |
| **TOTAL ASSETS** | | | | $ | |
|  | | | | | |
| List from assets above which can be converted to cash for use by the school: | | | | | |
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| --- | --- | --- | --- | --- |
| **STATEMENT OF LIABILITIES** | | | | |
| **THE FOLLOWING IS A COMPLETE LIST OF LIABILITIES CURRENT AS OF** | | | | **DATE** |
| MORTAGE or RENT PAYABLE TO | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| MORTAGE or RENT PAYABLE TO | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| STAFFING COSTS | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| GENERAL OPERATING EXPENSES | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| EDUCATION SUPPLIES | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| LOAN PAYABLE TO | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| LOAN PAYABLE TO | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| CONTINGENT LIABILITY PAYABLE TO | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| OTHER LIABILITY PAYABLE TO | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| OTHER LIABILITY PAYABLE TO | HOW SECURED | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| ACCOUNTS PAYABLE TO | | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| ACCOUNTS PAYABLE TO | | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| ACCOUNTS PAYABLE TO | | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| ACCOUNTS PAYABLE TO | | PAYMENT AMT  $ | PAYMENT FREQUENCY | TOTAL AMT  $ |
| CURRENT FEDERAL TAX PROVISION | | | | $ |
| FEDERAL TAX LIABILITY | | | | $ |
| FEDERAL TAX LIABILITY | | | | $ |
| CURRENT OTHER TAX LIABILITY | | | | $ |
| **TOTAL LIABLITIES** | | | | **$** |
|  | | | | **PAGE 3 OF 4** |

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| **Commission on Postsecondary Education**  **Certification of Financial Statement** | | |
| The undersigned, being duly sworn, depose and says that the statements contained in the financial statement are true and correct to the best of his knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issues or for the revocation of a private postsecondary educational institution license. Furthermore, the undersigned is voluntarily submitting this financial statement and financial information under oath with full knowledge that the Postsecondary Education Authorization Act of Nevada provides for civil penalties in violation of regulations. | | |
| SCHOOL NAME | LOCATIONS | |
| TYPE NAME OF APPLICANT | SIGNATURE OF APPLICANT/DATE SIGNED | |
| Signature witnessed by NOTARY PUBLIC on this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the year of \_\_\_\_\_\_\_\_\_\_\_\_.  Notary Public in and for the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  NOTARY SIGNATURE AND SEAL: | | |
|  | | **PAGE 4 OF 4** |

**RELEASE FOR SUBSTANTIATION OF FINANCIAL DATA (20a)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL NAME OF SCHOOL OWNER** | | | | **NAME OF SCHOOL** |
| 1. | I hereby authorize and request, for a period of six months from the date above, all persons to whom this request is presented having information relating to my financial condition, to furnish such information to an employed agent of the Nevada Commission on Postsecondary Education (CPE). | | | |
| 2. | If the person to whom this request is presented is a brokerage firm, bank, savings and loan, other financial institution, or officer of same, I hereby authorize and request that an employed agent of CPE be permitted to review and copy such information as is used in determining assets and liabilities of an individual or corporation and the financial solvency of such an individual or corporation. | | | |
| 3. | I do hereby make, constitute and appoint any employed agent of CPE my true and lawful attorney in fact for me in name, place and stead, and on my behalf and for my use and benefit: | | | |
|  | a. | To request, review and copy or otherwise act for financial investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally present. | | |
|  | b. | To name the person or entity to whom this request is presented and to insert that person's name in the appropriate location on this request. | | |
|  | c. | To place the name of the CPE agent presenting this request in the appropriate location on this request. | | |
| 4. | I have filed with CPE an "application" as that term is defined in the Nevada Revised Statutes (NRS) Chapter 394 and Nevada Administrative Code (NAC) Chapter 394 for licensure of a private postsecondary educational institution. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications, including my financial soundness and stability, for a favorable determination, is at all times on me. | | | |
| 5. | I agree to indemnify and hold harmless the person to whom this request is presented and his agent and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney fees arising out of or by reason of complying with this request. | | | |
| 6. | I understand that I am afforded all due process and appeal rights as are described in NRS and NAC Chapters 394. | | | |
| 7. | A reproduction of this request by electronic copier or similar process shall be as valid as the original. | | | |
| **NAME OF BANK** | | | **NAME AND PHONE NUMBER OF BANK CONTACT** | |
| **ADDRESS OF BANK** | | | **ACCOUNT NUMBER** | |

**IN WITNESS WHEREOF,** I have executed this request in the COUNTY of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the STATE of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the year of \_\_\_\_\_\_\_\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF APPLICANT/OWNER**

Signature witnessed by NOTARY PUBLIC on this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the year of \_\_\_\_\_\_\_\_\_\_\_\_.

NOTARY SIGNATURE AND SEAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**– CPE USE ONLY –**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF CPE REPRESENTATIVE/DATE

**CURRICULUM VERIFICATION (30e)**

**List each program you offer – it must match your catalog and each program must be on your license. Indicate any programs currently in teach out. Attach additional pages as necessary.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF PROGRAM** | **Degree level**  **(i.e. AA, BS, MBS, PhD)**  **or diploma** | **HOURS**  **(NCD Only)** | *OR* | **CREDITS**  **Indicate full or quarter credits** | **COST PER**  **CREDIT HOUR** | *OR* | **TOTAL PROGRAM**  **COST (tuition & fees)** |
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**OWNERSHIP (60)**

Complete applicable section listing all entities having any financial investment. Attach requested forms & additional pages as needed.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SCHOOL NAME** |  | | | | | | | | |
|  | ***SOLE PROPRIETORSHIP*** Individual owner/spouse. Financial statement demonstrating ownership and fictitious firm name. Submit registration with Secretary of State. | | | | | | | | |
| NAME OF OWNER | | | | | AREA CODE & PHONE NUMBER | EMAIL ADDRESS | | | |
| FULL MAILING ADDRESS | | | | | | | | | |
| NAME OF BUSINESS | | | | | | PHONE NUMBER | | | |
| BUSINESS ADDRESS | | | | | | WEB URL | | | |
|  | ***PARTNERSHIP*** – Submit a copy of partnership agreement and list all partners and/or any entity having any financial investment. Submit registration with Secretary of State. | | | | | | | | |
| NAME OF PARTNERSHIP | | | | | ADDRESS | | PHONE NUMBER | | |
| WEB URL | | |
| PARTNER NAME | | | | | ADDRESS | | PHONE NUMBER | | |
| PARTNER NAME | | | | | ADDRESS | | PHONE NUMBER | | |
| PARTNER NAME | | | | | ADDRESS | | PHONE NUMBER | | |
|  | ***CORPORATION***– List all entities having a 10% or more interest. Attach articles of incorporation, corporation certificate and include a listing of all officers. Submit registration with Secretary of State. | | | | | | | | |
| NAME OF CORPORATION | | | | | ADDRESS | | PHONE NUMBER | | |
| WEB URL | | |
| CORPORATE OFFICER/POSITION | | | | | ADDRESS | | PHONE NUMBER | | |
| CORPORATE OFFICER/POSITION | | | | | ADDRESS | | PHONE NUMBER | | |
| CORPORATE OFFICER/POSITION | | | | | ADDRESS | | PHONE NUMBER | | |
|  | ***LIMITED LIABILITY COMPANY including Professional LLC & Foreign LLC*** – Submit articles of organization and listing of manager /members. Submit registration with Secretary of State. | | | | | | | | |
| NAME OF LIMITED LIABILITY COMPANY | | ADDRESS | | | | | PHONE NUMBER | | |
| WEB URL | | |
| MANAGER OR MEMBER | | ADDRESS | | | | | PHONE NUMBER | | |
| MANAGER OR MEMBER | | ADDRESS | | | | | PHONE NUMBER | | |
|  | ***PUBLIC INSTITUTION*** – Attach a copy of your state charter. | | | | | | | | |
|  | | |  |  | | | |  |  |
| SIGNATURE OF OWNER or AUTHORIZED REPRESENTATIVE | | |  | PRINTED NAME OF OWNER or AUTHORIZED REPRESENTATIVE | | | |  | DATE |

**Nevada Catalog Checklist- Completed by Nevada Campus Director (70)**

Enter the page number for each of the following items and return it with one copy of Institutions current catalog. Refer to NRS 394.441, 394.449, NRS 394.553 and NAC 394.381(6). Each item listed below is required to be listed in the catalog policies and procedures. Institutions approved for VA educational benefits may submit the VA Revised approvals checklist in lieu of this form and the additional paper copy to be submitted to the VA. NOTE: EACH POLICY LISTED ON THIS CATALOG CHECKLIST MUST BE INCLUDED IN THE NEVADA CATALOG.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INSTITUTION NAME** | | **EFFECTIVE DATE OF CATALOG** | | **Student Handbooks** **Yes**  **No**  **(attach all handbooks with catalog)** |
| **Nevada Campus Address:** | | | **Nevada Campus Director Name:** | **Has there been a change of address, ownership, or programs since the last catalog submittal? If yes, please indicate the change.**  **Yes**  **No** |
| **Directors Email** |
| **PAGE #** | **REQUIREMENT** | | | |
|  | Name of institution and effective date of catalog: **NAC 394.381(6)(a)** | | | |
|  | Business hours **NAC 394.381(6)(c)** | | | |
|  | List of governing body/owners names, faculty and administrative staff **NAC 394.381 (6)(b**) | | | |
|  | Credit for previous training policy. **NAC 394.381 (6)(j)** | | | |
|  | Entrance requirements (Must reasonably ensure prospective student is able to complete the training and benefit from it) **NAC 381(6)(d) & NAC 394.607** | | | |
|  | Description of placement/career services **NAC 394.381 (6)(k**) | | | |
|  | Description of the facility, equipment, available space **NAC 394.381(6)(i)** | | | |
|  | Description of licensure and if applicable accreditation status **NRS. 394.441** | | | |
|  | **Refund policy MUST conform to NRS 394.449 (Updated October 1, 2021) NRS 394.449** | | | |
|  | Nevada Commission on Postsecondary Education has an account for student indemnification which may be used to indemnify a student or enrollee who has suffered damage as a result of an institutions: discontinuance of operation or violation by such institution of any provision of NRS 394.383 to 394.560. The catalog must provide an explanation of the Nevada Account for Student Indemnification established under NRS 394.553. Please review **NRS 394.553** for further clarification and NRS 394.441 for the statement requirement within the catalog. | | | |
|  | Start, stop dates of training programs, registration periods, add, drop, withdrawal dates, school holidays **NAC 394.381(6)(c)** | | | |
|  | Conduct of students to include description of unsatisfactory conduct and action taken by school for such conduct.  **NAC 394.381 (6)(g)** | | | |
|  | Tuition charges to include complete description of all charges and expenses for each program or course, including registration fees, equipment, etc. **NRS 394.441(1)** | | | |
|  | Standards of progress  ► Description of grading system or method used to evaluate progress: **NAC 394.381(6)(e)(1)**  ► Description of standards of progress including definition of unsatisfactory progress: **NAC 394.381(6)(e)(2)**  ► Description of process followed for students not making satisfactory progress to include readmission: **NAC 394.381(6)(e)(3)** | | | |
|  | Attendance **NAC 394.381(6)(f)**  ► Maximum number of absences allowed  ► Definition of absence, excused, unexcused, leave of absence, tardiness, make-up work, etc.  ► Action taken for excessive absences | | | |
|  | Program description to include all required units, courses, classes, or subjects, and total hours or credits required for graduation. Briefly describe each course to show objective, content, and length, in hours or credits. If applicable, list and describe all special classes or courses. **NRS 394.441(1)** | | | |
|  | Effective October 1, 2021: Information about filing a complaint with CPE and internal complaint process, description of cancellation process (minimum of 3 days) and revised refund policy. | | | |
| REVIEWER DEFICIENCIES/COMMENTS | | | | |

**ENROLLMENT AGREEMENT CHECKLIST (70a)**

Each item below is required by NAC 394.381(5) or NRS 394.441. Initial or check each item indicating it is on the enrollment agreement. **Enrollment agreements must be provided in at least 10-point font.**

|  |  |
| --- | --- |
| *School Identification Information* | |
|  | Name |
|  | Address |
|  | Phone number |
|  | Signature/date block |
| *Student Identification Information* | |
|  | Student name |
|  | Student address |
|  | Student phone number |
|  | Student signature/date block |
| *Statement Requirements* | |
|  | Disclaimer in **bold print** that placement in a job is not guaranteed nor promised to graduate (Non-Degreed) |
|  | Effective date of catalog under which the student is enrolled |
|  | Statement in **bold print** that the person signing the enrollment agreement understands it and has received a copy of the catalog or brochure and understands it is part of the enrollment agreement |
|  | Statement that the student or student’s guardian (if under 18) and the officer of the institution have reviewed each section of the agreement and had the opportunity to ask questions prior to signing. |
|  | Statement of cancellation not later than 3 days after signing the agreement and contains clear language explaining the process to cancel an agreement. |
| *Program Information* | |
|  | Full name of training program |
|  | Actual number of hours to complete the training program (Non-degreed Programs) |
|  | Start date of training program |
|  | Total cost of the training program |
| *Funding Information* | |
|  | Schedule of payments (Non-Degreed Programs) |
|  | Policy of credit for previous training and any reduction in cost and length of training program |
|  | Provisions required by any outside source for student bound by a document of indebtedness (loans for education) |
| **– CPE USE ONLY –** | |
| DEFICIENCIES/COMMENTS | |
|  | |
| SIGNATURE OF REVIEWER DATE | |