



# KENTUCKY COMMISSION ON PROPRIETARY EDUCATION

300 Sower Boulevard, Frankfort, Kentucky 40601

(502) 564-4185,

<http://kcpe.ky.gov>

## APPLICATION FOR RESIDENT SCHOOL INSTRUCTIONS

1. This application must be typed or printed legibly and completed in its entirety.
2. This application and all supporting material must be submitted with the application fee in accordance with 791 KAR 1:025. Upon submission of this application a contribution to the Student Protection Fund is also required in accordance with 791 KAR 1:025. The application fee and contribution must be paid separately. These fees are nonrefundable. All fees must be paid by check or money order made payable to the Kentucky State Treasurer. **DO NOT SEND CASH.**
3. Attach continuation sheets if more space is needed to provide information.
4. Refer to KRS 165A.340(3); 165A.360(1), (2); 165A.400; 165A.450; and 791 KAR 1:025.
5. This completed application may be submitted to the Kentucky Commission on Proprietary Education either by mail or by delivery to 300 Sower Boulevard, Frankfort, Kentucky 40601. In addition; a complete copy of this application and all supporting materials must be scanned and submitted electronically.

### SCHOOL INFORMATION

School Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Website Address \_\_\_\_\_

Administrative Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

Administrative Contact Person Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Administrative Contact Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Type of School/Program(s) Offered \_\_\_\_\_ Date School Was Established \_\_\_\_\_

Is this a Correspondence or Distance Learning School?  Yes  No

Has the school been licensed in any other state as a resident or non-resident school?  Yes  No

\_\_\_\_\_  
If Yes, please explain.

Has any administrator, owner or officer ever been associated with a school that closed?  Yes  No

\_\_\_\_\_  
If Yes, please explain.

Has the school, any administrator, owner or officer of the school ever been cited to cease and desist operations?  Yes  No

\_\_\_\_\_  
If Yes, please explain and list state(s).

Has the school ever been refused approval by any federal, state or accrediting agency?  Yes  No

\_\_\_\_\_  
If Yes, please explain.



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List names of approvals by all federal agencies, state agencies and accrediting agencies.

### OWNER INFORMATION

Type of Ownership Entity     Corporation     Limited Liability Company     Partnership     Individual

Name of Ownership Entity \_\_\_\_\_ Date and State of Incorporation \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Owner Name \_\_\_\_\_ Percent of Ownership \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Owner Name \_\_\_\_\_ Percent of Ownership \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### ADMINISTRATION AND SUPERVISION

List name and title of all management, administrative, and supervisory personnel.

Chief Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

Instructional Program Contact Name \_\_\_\_\_ Title \_\_\_\_\_

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

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

### HOURS OF OPERATION

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							



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### TOTAL NUMBER OF INSTRUCTIONAL STAFF

Attach a list, marked Exhibit A, of instructional staff and classes to be taught.

Number of Full-Time Instructional Staff	
Number of Part-Time Instructional Staff	

### TOTAL NUMBER OF AGENTS/RECRUITERS

Attach a list, marked Exhibit B, of agents/recruiters soliciting students in the Commonwealth of Kentucky.

Number of Full-Time Agents/Recruiters	
Number of Part-Time Agents/Recruiters	

### PROGRAM INFORMATION

List title of program(s) Please be specific with Type of Program and Length of Program using the criteria below:

Certificate – (1) Undergraduate Certificate <1 Year (2) Undergraduate Certificate 1 – 2 Years or (3) Undergraduate Certificate 2- 4 Years.

Diploma – (1) Undergraduate Diploma <1 Year (2) Undergraduate Diploma 1 – 2 Years or (3) Undergraduate Diploma 2- 4 Years

Associate Degree – Type of Degree

Name of Program	Type of Program Certificate/ Diploma / Associate Degree	Length of Program	Contact/Clock Or Credit Hours





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Are the above Programs offered at any other campus locations? If yes please explain and list state(s)

Amount of operating capital available to sustain on-going operations

### SUPPORTING MATERIAL

- ⑧ SCHOOL SURETY BOND (PE-26) or an irrevocable letter of credit at a financial institution in the minimum amount of Twenty Thousand Dollars (\$20,000.00).
- ⑧ BLANKET AGENT SURETY BOND (PE-27) in the minimum amount of Five Thousand Dollars (\$5,000.00) for each agent/recruiter soliciting in Kentucky
- ⑧ APPLICATION FOR PERMIT TO ACT AS AN AGENT (PE-19) for each agent/recruiter.
- ⑧ Student enrollment form, complete with school's refund policy as stated in the school catalog.
- ⑧ Sample of certificate, diploma, and/or associate degree issued upon successful completion of program(s).
- ⑧ FORM FOR INSTRUCTIONAL STAFF & KEY ADMINISTRATIVE PERSONNEL (PE-11) for instructional staff and key administrative personnel only.
- ⑧ Complete equipment inventory listed by course or program.
- ⑧ A description of the space and facilities including a floor plan indicating the dimensions of all classrooms, activity areas, laboratories, and school office area.
- ⑧ Minimum instructor qualifications.
- ⑧ A financial statement, Submit a financial statement certified by an independent accountant.
- ⑧ Fire inspection report indicating compliance with all fire and life safety codes. A certificate of compliance from the local health department shall be submitted for schools utilizing food/kitchen areas for instruction.
- ⑧ School catalog, bulletin, brochure, or other publication distributed to students. This document must be certified as true and correct in content and policy by the appropriate school official and must contain the following information:
- ⑧ JOB PLACEMENT REPORTING (PE-39)
- ⑧ Copy of Article of Incorporation and Assumed Name paperwork marked

**Insert  
Page**

**Number      Catalog Requirements**

- \_\_\_\_\_ Title and date of issue.
- \_\_\_\_\_ Official name of the school, its governing body, officials, and faculty.
- \_\_\_\_\_ Calendar showing legal holidays, beginning and ending dates of when classes are offered and other important dates.
- \_\_\_\_\_ Policy regarding enrollment dates, and specific entrance requirements for each course or program.
- \_\_\_\_\_ Policy regarding attendance, including but not limited to, absences, make-up work, and tardiness.
- \_\_\_\_\_ Policy regarding standards of academic progress required of the student.
- \_\_\_\_\_ Policy regarding withdrawal, dismissal and re-entry.
- \_\_\_\_\_ Policy regarding transcript request.





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- \_\_\_\_\_ Policy regarding granting credit for previous education, training and experience
- \_\_\_\_\_ Detailed schedule of fees, including but not limited to, charges for tuition, books, supplies, tools, student activities, laboratory fees, service charges, rentals, and deposits.
- \_\_\_\_\_ Refund policy as stated in the student enrollment form.
- \_\_\_\_\_ Outline for each program offered listing all courses in the program as well as the contact/clock or credit hours for each course.
- \_\_\_\_\_ Description for each course in a program.
- \_\_\_\_\_ Statement regarding transfer of credits.
- \_\_\_\_\_ Policy for students regarding the process for filing a complaint with the Kentucky Commission on Proprietary Education.
- \_\_\_\_\_ Policy for students regarding the process for filing a claim against the Student Protection Fund and a statement notifying students of the existence of the Fund ( included on the Student Enrollment Agreement)

### CERTIFICATION

I certify that the information provided on this application as submitted to the Kentucky Commission on Proprietary Education is true and correct in its entirety. In addition, I hereby pledge to follow all standards set out in KRS Chapter 165A and all rules and regulations set out in 791 KAR 1:025.

School Official Name	Title	School Official Signature	Date
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