INITIAL LICENSE APPLICATION

POSTSECONDARY INSTITUTIONS
ACADEMIC DEGREE-GRANTING
DOMICILED IN LOUISIANA
2023

BOARD OF REGENTS
STATE OF LOUISIANA

LICENSE APPLICATION FOR NEW POSTSECONDARY
ACADEMIC DEGREE-GRANTING INSTITUTION

This license application is designed to provide the Board of Regents with information pertaining to criteria and requirements for licensure of postsecondary, academic degree-granting institutions in the state of Louisiana pursuant to R.S. 17:1808. This information must be provided prior to licensing. Institutions must answer all questions on the application. If the space provided for any question is insufficient, please attach additional sheets, as necessary.

If a digital submission is submitted, hard copies of notarized elements must be submitted with payment.

Completed license applications should be returned to:

Courtney Britton
Louisiana Board of Regents
P.O. Box 3677
Baton Rouge, LA 70821-3677

Or

Courtney.britton@laregents.edu
Important Guidance for Institutions Providing Instruction Through Distance Education

The Louisiana Board of Regents (BoR) is entrusted with the oversight of licensure of postsecondary academic degree-granting institutions operating in the state of Louisiana pursuant to R.S.17:1808. An in-state institution that provides its educational offerings exclusively via distance learning modalities (i.e., computer, other telecommunications devices, or mail correspondence courses) must demonstrate sufficient physical presence in Louisiana in order to be considered domiciled here and eligible for licensure by the BoR. Institutions wishing to offer online/distance education without having a permanent physical location with substantial administrative capacity in Louisiana are not eligible for licensure in Louisiana.

Criteria for determining whether a potential applicant institution is eligible for licensure include – but are not necessarily limited to – the following:

1. The institution’s main base of operations is at a permanent physical location in Louisiana with regular business hours of operation.
2. The Louisiana physical location has the administrative capacity to perform student services (admissions, financial aid, advising) required for the kind of educational offerings provided.

An initial non-refundable fee of $1,500 must be submitted with the application, paid by company or institutional check or money order, made payable to the Louisiana Board of Regents. A non-refundable renewal fee of $1,500 is due on the anniversary of the approval of the initial license. Every two years, in addition to paying the annual fee, institutions must also submit for approval a License Renewal Application.

NAME AND ADDRESS OF PROPOSED INSTITUTION

Name of Institution ___________________________________________________________

Street or P. O. Box ____________________________________________________________

(_________)______________________ Area Code Telephone Number

City, State and Zip Code ____________________________ Area Code FAX Number

PRINCIPLE CONTACT OF STAFF MEMBER WHO IS RESPONSIBLE FOR INSTITUTIONAL LICENSURE:

Name and Title: ____________________________________________________________________________

Phone Number: ____________________________________________________________________________

Email Address: ____________________________________________________________________________

PROPOSED INSTITUTION’S WEBSITE ADDRESS (please submit URL, despite unpublished state of website) ____________________________________________________________
Please briefly describe reasons for seeking accreditation with the agency listed above, preliminary research completed to date and next steps for seeking accreditation should licensure be granted.

PROPOSED INSTITUTION’S MISSION STATEMENT

INSTITUTIONAL CATALOG
   Attach a copy of the proposed institution’s catalog.
I. FACULTY

This section deals with general information on faculty.

In addition to providing the information requested below, please provide a curriculum vita for all employed faculty.

1. Indicate number of total faculty, full-time faculty, and part-time faculty currently employed by the proposed institution. Do not leave blank, if response is 0, please list 0.

<table>
<thead>
<tr>
<th>Total Number of Faculty</th>
<th>Number of Faculty Employed on a Full-Time Basis</th>
<th>Number of Faculty Employed on a Part-Time Basis</th>
</tr>
</thead>
</table>

Note: A full-time faculty member is defined as an individual who works a minimum of forty hours per week for the institution with at least fifty percent of his/her work responsibility assigned to academic instruction and/or research functions.

2. Of the faculty listed in Item #1, indicate the number who possess the following academic degrees from accredited institutions recognized by the United States Department of Education.

<table>
<thead>
<tr>
<th>HIGHEST EARNED DEGREE</th>
<th>FULL-TIME FACULTY</th>
<th>PART-TIME FACULTY</th>
<th>TOTAL FACULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctorate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special/Professional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master's</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor's</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. ACADEMIC PROGRAM STANDARDS

1. By checking the box, the proposed institution agrees, if granted an operating license, to provide prospective students and other interested persons with the following information.

   1. Admission policies.
   2. Program descriptions and objectives.
   3. Schedule of tuition, fees, and other charges.
   4. Cancellation and refund policies.
   5. Other material information about the institution and its programs which may impact a student's enrollment.
2. Check types of instruction the proposed institution plans to provide:

<table>
<thead>
<tr>
<th>Correspondence</th>
<th>Classroom Laboratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom Lecture</td>
<td>Independent Study</td>
</tr>
<tr>
<td>Online</td>
<td>Other</td>
</tr>
</tbody>
</table>

3. Provide a listing of all academic programs the proposed institution plans to offer during the first three years of operation:

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
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______________________________________________________________________________________
______________________________________________________________________________________

4. By checking the box, the institution certifies that they have the capabilities to annually submit to the Board of Regents student-level data for each student, in a format prescribed by the Board of Regents. Student-level data includes:

   a. Withdrawal data,
   b. Program completion/graduation data,
   c. Student demographic information (including full name, date of birth, social security number, sex, race/ethnicity),
   d. Type of credential earned.
III. FACILITIES AND MAINTENANCE

1. By checking the box, if granted an operating license, the proposed institution agrees to maintain or provide access to appropriate administrative, classroom, laboratory space, appropriate equipment and instructional materials to support quality education based on the type and level of program being offered. Facilities must comply with all health and safety laws and ordinances.

2. By checking the box, if granted an operating license, the proposed institution agrees to maintain and/or provide student access to an appropriate library collection with adequate support staff, services, and equipment. Any contractual agreements with libraries not directly affiliated with the institution shall be available in writing to the Board of Regents.

Please provide a brief description of the proposed institution’s facilities during the first three years of operation and depict how they support the institutional mission and programs offered. Indicate if the facility includes classrooms, offices, labs, etc.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

IV. FINANCIAL AND ADMINISTRATIVE OPERATIONS

1. Attach the current résumé of the proposed institution’s chief executive officer.

2. Indicate the type and amount of insurance coverage held by the proposed institution and the name and address of the issuing agent.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
3. Attach a copy of this year’s financial review for the proposed institution. **Note: The proposed institution’s financial review must be prepared in accordance with standards established by the American Institute of Certified Public Accountants.**

4. Attach a copy of the organizational chart representing the governance structure of the proposed institution, including names

V. [ ] By checking the box, the proposed institution agrees that it has reviewed and will adhere to all criteria and requirements for licensure in the State of Louisiana, as outlined in

PLEASE NOTE

An initial non-refundable fee of $1,500 must be submitted with the application, paid by company or institutional check or money order, made payable to the Louisiana Board of Regents. A non-refundable renewal fee of $1,500 is due on the anniversary of the approval of the initial license, along with a report on the proposed institution’s accreditation progress. An institution will have three years to gain accreditation.

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE TO THE BEST OF MY KNOWLEDGE. ALSO ENCLOSED IS CHECK/MONEY ORDER #___________ FOR $1,500.00 MADE PAYABLE TO THE LOUISIANA BOARD OF REGENTS.

PRINTED NAME: _________________________________________________

Chief Executive Officer

SIGNATURE: __________________________________________________

Chief Executive Officer

SUBSCRIBED AND SWORN TO BEFORE ME THIS _______ DAY OF ____________, 20______.

_______________________________________________
Notary Public

RETURN LICENSE APPLICATION AND NON-REFUNDABLE FEE TO:
Courtney Britton
Louisiana Board of Regents
P.O. Box 3677
Baton Rouge, LA 70821-3677

Or

Courtney.britton@laregents.edu

In the event conditional licensure is granted by the Louisiana Board of Regents, the proposed institution will be required to post a surety bond in the amount of ten-thousand dollars ($10,000.00) issued by a surety authorized to do business in the State of Louisiana. The bond will remain in effect until regional/national accreditation is granted.
Required items checklist:

☐ Non-refundable fee of one thousand five hundred dollars ($1500.00) made payable to the Louisiana Board of Regents.

☐ Curriculum vita for employed faculty.

☐ Copy of proposed institution's catalog.

☐ Current résumé of proposed institution's chief executive officer.

☐ Copy of this year's financial review.

☐ Copy of the organizational chart representing the governance structure of the proposed institution, including names. (May provide on flash drive)