

# National Oriental Medicine Accreditation Agency

555 Capitol Mall • Suite 600 • Sacramento, CA 95814

Telephone: (213) 820-2045 • Facsimile: (310) 791-4989

Application for Accreditation

Application for Preaccreditation

<b>1.Name of Institution</b>	
<b>2.Address of Institution</b>	
<b>3.Address of Additional Sites, if any</b>	
<b>4.Telephone Number</b>	
<b>5.Name of onsite Director</b>	
<b>6.Name(s) of owner(s) (Use additional sheets if necessary)</b>	
<b>7.If the institution is organized as a corporation, in which state is the institution incorporated?</b>	

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**8. List the name and title of all of the officers:**

Name	Title	% Of Time Devoted to School

**9. List the name and principal occupation of all members of the board of directors/trustees:**

Name	Title	Years on Board	% Time Devoted to School

**10. Business Corporation, Publicly Held – If the school is a unit of or subsidiary of a corporate division, the stock of which is publicly held, please list the appropriate corporate officer or operating head.**

Name of Parent Corporation \_\_\_\_\_

Name of Operating Division \_\_\_\_\_

Address \_\_\_\_\_

Is the stock traded  NYSE  ASE  OTC Regional Exchange \_\_\_\_\_

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Name of the corporate official to whom the chief on site executive of the school reports:

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Certification Statement

I certify that, to the best of my knowledge and belief, the information herein attached or subsequently submitted as required, is correct, and accurate.

I certify that the new owner(s) or governing board and management have read, reviewed, and understand the NOMAA standards for accreditation and its policies and procedures and that the institution is continuing to operate in accordance with and agrees to continue to abide by the standards, policies and procedures.

I further certify that the new owner(s) or governing board and management assumes all responsibility and liability for outstanding contractual and refund obligations on behalf of past and current enrollees.

\_\_\_\_\_  
Name of Authorized Official (Typed or Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

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A copy of each of the following items must be submitted as part of the institutions application. Please initial the blank for each item that is included as an exhibit. If any of the items do not apply to the institution, please write N/A in the blank provided. If it is not applicable please provide an explanation in the comments section on the last page of this document.

1.  A signed lease, mortgage, or agreement for the Facility. Term of lease or agreement:  

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2.  Equipment list which denotes the quantity of each item.
3.  State license or exemption letter.
4.  A business license.
5.  A use and occupancy certificate.
6.  A health certificate.
7.  A fire safety certificate.
8.  A floor plan which denotes the maximum occupancy per classroom and room description (ex. Classroom, lab, office, etc.).
9.  Proof of ownership.
10.  Organizational Chart with names and job titles of key personnel. (This should specifically include personnel at the auxiliary classroom. If the individuals have yet to be hired, please note the position titles and anticipated dates on the chart.)
11.  A Document – Faculty/Administrative Personnel Form for every employee who will be working at this site.
12.  The institutes financial statements completed in accordance with NOMAA document – Guidelines for filing Financial Reports.
13.  A budget for the new site, or one for the institution that includes the new site should include enrollment and revenue projections.
14.  A narrative business plan
15.  Surety Bond.
16.  NOMAA approval letter(s) for all programs to be offered at the branch campus. Are the programs identical to those offered at the main campus?  Yes  No if no, provide an explanation under the comments section below.
17.  NOMAA approval letter for the current enrollment agreement and a copy of the current enrollment agreement.
18.  NOMAA approval letter for the current school catalog and a copy of the current catalog. If NOMAA has not approved the institutions current catalog, submit a completed NOMAA Document catalog guidelines and checklist which indicate the page number where each item on the checklist is located in the catalog.
19.  State approval letter for all Programs.
20.  \$  Application Fee.

