



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## CERTIFICATE OF POSTSECONDARY STATE AUTHORIZATION APPLICATION

### Registration fee:

Flat fee of \$1,500 (Non-refundable)

Or

Sliding scale: determined by 1% of the gross tuition income of registered programs during the previous year, except that the fee may not be less than \$1,500 or more than \$2,500. (Non-refundable)

\_\_\_\_\_  
Applicant's Name  
*(This should be the legal name of institution that is registering.)*

\_\_\_\_\_  
DBA if applicable

\_\_\_\_\_  
Date of Application

OFFICE USE ONLY	
Date Permit Issued:	_____
Permit Number:	_____
Permit Approved:	_____
Denied:	_____
Withdrawn/Dissolved:	_____
Permit Expiration:	_____
Receipt Number:	_____
Amount of Fee:	_____

Please Mark the appropriate box:

INITIAL  
REGISTRATION

Check here if there has been a change in ownership  
of the school since last application was filed.

**Important notice regarding business confidentiality claims pursuant to the Government Records Access and Management Act:** If you wish to make a claim of business confidentiality with respect to any information in this application or with respect to records you provide to the Division, please be aware of the following law: "Any person who provides to a governmental entity a record that the person believes should be protected under 63G-2-305(1) [trade secrets] or (2) [commercial information or non-individual financial information] or both Subsections 63G-2-305(1) and (2) shall provide with the record: (A) a written claim of business confidentiality; and (B) a concise statement of reasons supporting the claim of business confidentiality."

If you have any questions, please contact the Division at (801) 530-6601.  
Please make application fee payable to the **State of Utah**  
Please return the completed application form to:

Department of Commerce  
Division of Consumer Protection  
160 East 300 South  
Box 146704  
Salt Lake City, Utah 84114-6704

**1) Applicant's Address (Physical Location of School):**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**2) Applicant's Mailing Address:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Website or web address homepage: \_\_\_\_\_

**3) Applicant's Contact Person: \*(Please note, future notices will be mailed to the designated contact person)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**4) Does the Applicant have a parent organization?                      Yes                      No**  
If "yes", please indicate the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**5) Does the Applicant operate at other sites than the address stated above?                      Yes                      No**

If "yes", please be advised a separate application for each physical campus operating in Utah must be submitted.

**6) Applicant's Address (Physical Location of School):**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**7) Applicant's Mailing Address:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Website or web address homepage: \_\_\_\_\_

**8) Applicant's Contact Person: \*(Please note, future notices will be mailed to the designated contact person)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**9) Does the Applicant have a parent organization?                      Yes                      No**  
If "yes", please indicate the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**10) Does the Applicant operate at other sites than the address stated above?                      Yes                      No**

If "yes", please be advised that a separate application for each physical campus operating in Utah must be submitted.

**11) Applicant's Address (Physical Location of School):**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**12) Applicant's Mailing Address:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Website or web address homepage: \_\_\_\_\_

**13) Applicant's Contact Person:** \*(Please note, future notices will be mailed to the designated contact person)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**14) Does the Applicant have a parent organization?**

**Yes**

**No**

If "yes", please indicate the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**15) Does the Applicant operate at other sites than the address stated above?**

**Yes**

**No**

If "yes", please be advised a separate application for each physical campus operating in Utah must be submitted.

**16) Determining Registration Fee**

**If the Applicant is not paying the flat fee, calculate the registration fee below:**

<b>A.</b> Total tuition and fee income received by the Applicant during the 12 month period of preceding the date of this application (not including books and supplies purchased by students)	\$
<b>B.</b> Total amount refunded to students during the same period	\$
<b>C.</b> Gross tuition and fee income less refunds [Line A minus Line B]	\$
<b>D.</b> Multiply line C by .01	\$
<b>E.</b> Amount of registration fee (rounded to the nearest \$100, with a minimum fee of \$1,500 and a maximum fee of \$2,500.)	\$

**17) Please attach a current copy of Applicant’s accreditation statement (Affix Exhibit header sheet A to attachments).**

\_\_\_\_\_  
Accrediting Agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

Reaffirmation date: \_\_\_\_\_

**18) Please attach the following documentation (Affix Exhibit header sheet B to attachments):**

- A. A current certified fiscal audit, performed by a certified or licensed public accountant, of the Applicant’s financial statements, with all applicable footnotes, for the most recent fiscal year, including:**
  - i. balance sheet;**
  - ii. income statement;**
  - iii. statement of retained earnings;**
  - iv. statement of cash flow, and**
  - v. if desired by the Applicant, similar audited financial statements of a parent corporation;**

**AND**

- B. An identical copy of any other financial document the Applicant was required to provide to its accrediting agency since the prior registration or for the previous 12 months, whichever is longer.**

**18) Please indicate the state where the Applicant was organized: \_\_\_\_\_**

Please attach a copy of the articles of incorporation and proof of good standing (Affix Exhibit header sheet C to attachments).

19) Number of Utah residents enrolled since the prior registration or for the previous 12 months, whichever term is longer: \_\_\_\_\_

20) If applicable, please attach any reports, written evaluations, publications, or any other documentation regarding (Affix Exhibit header sheet D to attachments):

1. The probationary status of the Applicant by its accrediting agency;
2. Any disciplinary action against the Applicant by its accrediting agency;
3. Any corrective action taken by the Applicant as required by its accrediting agency;
4. Any warning or directive to show cause by its accrediting agency; and
5. Any action against the Applicant by a state or federal agency.

OR

Check box if the Applicant has not been involved in any of the listed items:

21) Please attach documentation of the Applicant's written complaint information disclosed to students or list the website link the Applicant provides to students, which includes contact information for (Affix Exhibit header sheet E to attachments):

1. The accreditor;
2. The Utah Division of Consumer Protection; and
3. Any other state agency that would handle a student's complaint

OR

Website link: \_\_\_\_\_

22) Please state the number of complaints filed by Utah resident students with the Applicant since the prior registration or for the previous 12 months: \_\_\_\_\_

\*Please do not attach copies of complaints; however pursuant to U.C.A. §13-34a-(2)(a)(vii)(B) copies of complaints shall be made available to the Utah Division of Consumer Protection upon request.

23) Has the Applicant or an owner, officer, director, or administrator of the Applicant been convicted of a crime, subject to an order issued by a court or subject to an order issued by an administrative agency that imposed disciplinary action?

Yes                      No

If "yes", identify the name and title of the individual involved, attach the applicable order/judgment, and explain in detail the nature of the proceeding, the date, the location and current status (use additional sheets if necessary or attach related documents) (Affix Exhibit header sheet F to attachments)

---

---

---

---

**24) Please submit copies of the following: (Affix Exhibit header sheet G to attachments). Do not submit the complete catalog, only the items below.**

1. A list of all current course offerings.
2. A copy of the school's tuition schedule and total program cost(s).
3. A copy of the school's refund policy.

The undersigned acknowledges that Applicant is required to notify the Division within thirty (30) days of a change in circumstances which may affect its status. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein is true and correct.

INSTITUTION NAME: \_\_\_\_\_

DATED: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

**VERIFICATION**

STATE OF \_\_\_\_\_ )  
 : ss  
COUNTY OF \_\_\_\_\_ )

The undersigned, being first duly sworn upon oath, deposes and states that: 1) the undersigned has signed the foregoing application on behalf of the Applicant as its authorized officer or agent and as such is personally familiar with the statements made herein; 2) the undersigned has read the statements made herein; 3) to the best of his/her knowledge the statements are true and correct; 4) should circumstances result in any modification of the content of this application or attachments thereto, the applicant will advise the Division; 5) should the Applicant cease its operation for any reason, it will inform the Division of such action and surrender the Certificate of Postsecondary State Authorization; and 6) the Applicant understands that failure to meet statutory requirements or abide by the Division's rules may result in denial or withdrawal of the Certificate of Postsecondary State Authorization.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
AFFIANT  
[Signature before Notary Public is required.]

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC  
Residing at:



**EXHIBIT A: Current copy of Applicant's accreditation statement**

**EXHIBIT B: 1. A current certified fiscal audit, performed by a certified or licensed public accountant, of the Applicant's financial statements, with all applicable footnotes, for the most recent fiscal year including:**

- a. balance sheet;
- b. income statement;
- c. statement of retained earnings;
- d. statement of cash flow; and
- e. if desired by the Applicant, similar audited financial statements of a parent corporation

**2. An identical copy of any other financial document the Applicant was required to provide to its accrediting agency since the prior registration or for the previous 12 months, whichever is longer.**

**EXHIBIT C: Copy of the Articles of Incorporation and proof of good standing of the Applicant**

**EXHIBIT D: Any reports, written evaluations, publications, or any other documentation regarding:**

1. The probationary status of the Applicant by its accrediting agency;
2. Any disciplinary action against the Applicant by its accrediting agency;
3. Any corrective action taken by the Applicant as required by its accrediting agency;
4. Any warning or directive to show cause by its accrediting agency; and
5. Any action against the Applicant by a state or federal agency

**EXHIBIT E: The Applicant's written complaint information disclosed to students which includes the contact information for:**

1. The accreditor;
2. The Utah Division of Consumer Protection; and
3. Any other state agency that would handle a student's complaint<sup>5</sup> October 2015

**EXHIBIT F: Copies of the documentation regarding the Applicant's owner, officer, director, or administrator that have been convicted of a crime, subject to an order issued by a court or subject to an order issued by an administrative agency that imposed disciplinary action. The documentation should include the applicable order/judgment, detailed explanation of the nature of the proceeding, the date, the location, and current status of the proceeding**

**EXHIBIT G: Copies of the following: (Do not submit the complete catalog, only the items requested)**

1. A list of all current course offerings.
2. A copy of the school's tuition schedule and total program cost(s).
3. A copy of the school's refund policy.

# **EXHIBIT A**

# **EXHIBIT B**

# **EXHIBIT C**

# **EXHIBIT D**

# **EXHIBIT E**

# **EXHIBIT F**

# **EXHIBIT G**