



ACCREDITATION CANDIDATE APPLICATION
AMERICAN ASSOCIATION OF INTEGRATIVE MEDICINE

Complete this form on your computer, print, sign, and submit the form and **all** required exhibits, including the application fee to AAIM.

Type of application: **Initial** _____ **Reaccreditation** _____

Fee: Check Number (Exhibit 1) _____

I. MAIN CAMPUS INFORMATION

All of the questions in this application pertain to the site immediately listed below unless otherwise indicated. For AAIM accreditation purposes, this site is designated as the main campus. All correspondence will be sent to the main campus.

1. Institution Name:

2. License or Accreditations:

3. Physical Address:

4. Telephone & Fax Numbers:

5. E-mail & Website:

6. Contact Person's name, title, and e-mail address:

7. Institution Specialty:

8. How long organization has been in existence:

9. Name of the Chief Executive Officer (attach a bio):

10. Type of programs your institution offers (Degree or Non-Degree):

II. LEGAL NATURE OF THE INSTITUTION

1. Indicate the legal tax status of your institution by checking the appropriate box:

_____ For-profit entity

_____ Non-profit entity (If a non-profit entity, you must provide, as **Exhibit 2**, written notice from the IRS acknowledging such status).

2. Identify the type of legal entity of the institution by checking all that apply:

- Wholly owned subsidiary
- Partnership
- Sole Proprietorship
- Limited Liability Company (LLC)
- Limited Partnership (LP)
- Professional Trade Association
- Other, please specify: _____

3. Federal Employee Identification Number (EIN):

4. Fiscal Year End Date: ____/____ (month/day)

5. Is there a legal name or corporate name other than the name indicated in Section 1, "Main Campus Information?" Yes _____ No _____

If yes, provide the legal name or corporate name and the state under whose laws the entity is organized.

Name:

State:

III. OFFSITE ADMINISTRATIVE HEADQUARTERS/OFFICES

6. Does the organization have a corporate or administrative office other than the main campus? Yes _____ No _____

If yes, please complete the following:

Name of Institution:

Corporate Name:

Street Address:

City/State/Zip:

Telephone Number:

FAX Number:

E-mail Address:

Contact person's name:

Contact person's title:

Contact person's e-mail:

IV. ADDITIONAL SITES

Does the institution operate training sites in addition to the main campus? Yes _____ No _____

If no, please proceed to Section V, "Ownership Information." If yes, complete the following:

- A. Number of Branches _____
- B. Number of Auxiliary Classrooms _____
- C. Number of Classroom Extensions _____

Additionally, please complete and provide, as **Exhibit 3**, the "Additional Location Addendum."

V. OWNERSHIP INFORMATION

1. The institution has been under continuous operation under the ownership described herein since what date? ____/____ (month/year)
2. Has any owner, officer, or key management staff person been: (a) convicted or pled no contest or guilty to a crime involving the acquisition, use, or expenditure of public funds; (b) judicially determined to have committed fraud involving their fiduciary responsibilities; or (c) debarred by an accrediting agency and/or state/federal agency? Yes _____ No _____

If yes, provide, as **Exhibit 4**, a detailed narrative explanation of: (a) the crime involving the acquisition, use, or expenditure of public funds; (b) committed fraud involving fiduciary responsibility; or (c) debarment by an accrediting agency and/or state/federal agency.

VI. LICENSE/APPROVAL INFORMATION

1. Is the institution required to obtain state authorization (e.g., licensure, certification, approval) to operate? Yes _____ No _____
2. Is the institution or any of its sites currently under an appeal, show cause, probation, warning, or any form of adverse status with any state or federal agency? Yes _____ No _____

If yes, provide, as Exhibit 5, a narrative explanation and relevant documentation regarding this action or status.

3. Has the institution been subject to any limitation, suspension, or termination action by a guarantee agency or state or federal government agency relative to the eligibility to process student financial aid? Yes _____ No _____

If yes, provide, as Exhibit 6, a narrative explanation and relevant documentation regarding this action.

VII. ACCREDITATION HISTORY

1. Has the institution previously held, applied for, been denied, or been withdrawn from accredited status with an accrediting agency? Yes _____ No _____

If yes, provide, as **Exhibit 7**: (a) a detailed written narrative indicating the name under which the institution made application, the name of the agency, and a chronology of significant events relative to that status; and (b) a copy of the denial/withdrawal/resignation letter as applicable.

2. Does the institution presently hold either institutional or programmatic accreditation with another

accrediting agency? Yes _____ No _____

3. Has the organization been approved as a course provider by one or more state boards? If yes, specify the board(s): Yes _____ No _____

If yes, please complete items A-C below and provide, as **Exhibit 8**, a copy of your current grant of accreditation.

A. What is the name of the accrediting agency?

B. Initial accreditation began on what date?

C. Is the institution and/or any of its sites or programs currently under an appeal, show cause, probation, warning, or any form of adverse status with another accrediting agency? Yes _____ No _____

If yes, provide, as **Exhibit 9**, a narrative explanation and relevant documentation.

VIII. PROGRAM AND PARTICIPANT INFORMATION

1. Is any training offered by your institution delivered through interactive distance learning? Yes _____ No _____

If yes, complete and provide, as **Exhibit 10**, the “Interactive Distance Learning Program Chart” for each site.

2. Has the institution offered training continuously (without unscheduled interruption) for the previous two consecutive years? Yes _____ No _____

If no, provide, as **Exhibit 11**, a narrative explanation with applicable timeframes and enrollment information.

3. Have classes been taught continuously since your last grant of accreditation? Yes _____ No _____

If no, provide, as **Exhibit 12**, a narrative explanation with applicable timeframes and enrollment information.

4. Provide, as **Exhibit 13**, a list and description of the sources of funds used for the operation of your programs and associated liabilities.

5. Provide, as **Exhibit 14**, a description of the financial controls in place to ensure the independence of the educational/certification body.

6. Provide, as **Exhibit 15**, a description of the application process and attach a sample application.

7. Does the institution have an appeals policy in place? Yes _____ No _____

If yes, provide, as **Exhibit 16**, a narrative explanation of your appeals policy in detail.

IX. ADDITIONAL INFORMATION

1. Provide the following as **Exhibits 17 & 18**:

A. Examples of promotional materials utilized by the institution (**Exhibit 17**).

B. A copy of the institution's cancellation and refund policy and, if the institution is state licensed, the state's cancellation and refund policy (**Exhibit 18**).

2. Provide, as **Exhibits 19-20**, the documents identified below:

A. School catalog(s) with any addendums (**Exhibit 19**). If the institution operates sites for which it publishes multiple, unique catalogs, include a copy of each catalog.

B. Completion and placement statistics for each program at each site included in this application, for the 12-month period prior to the submission of the application (**Exhibit 20**).

X. ATTESTATION

The undersigned, authorized representative of this institution hereby attests to the following statements:

I have read our application for accreditation and affirm that it and all attached materials are accurate and complete.

During the application process and upon and following accreditation, the institution will abide by and support the following:

- The AAIM Eligibility Requirements;
- The AAIM Standards for Accreditation;
- The AAIM policies, procedures and practices
- The goals and integrity of the accreditation process

During the application process and upon and following accreditation, the institution will timely notify AAIM of email address changes.

The institution consents to the exchange of information between AAIM and the institution's lawyers and accountants and between AAIM and all other accrediting agencies and state and federal administrative agencies to the extent that such exchange of information is necessary or convenient to the consideration of the institution's application for AAIM accreditation.

Name: _____

Title: _____

Signature of Attesting Party: _____

(Note: Non-profit organizations must provide the name and signature of the chairman of the board and/or the managing director of the applicant institution.)