
Section D: Part I

Preliminary Application for Institutional Accreditation

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Part I Preliminary Application for Institutional Accreditation**Name of Institution** _____

Note: The official name of the institution is the one that appears on the state license, articles of incorporation or other legal document(s).

D/b/a _____

Note: The use of a d/b/a is acceptable, if authorized by the state; however, the incorporated name, shown on the Articles of Incorporation, must be listed first, followed by the d/b/a.

Business

Address _____

City/State/Zip _____

Website _____

Organizational Structure

Designate the form of legal entity of the applicant institution and its tax status with the Internal Revenue Service.

- Non-Profit Corporation -- Type? _____ (e.g., 501(c)(3))
- For-Profit Corporation --Type? _____ (e.g., "C" or "S" Corp.)
 - Wholly owned subsidiary
 - Partnership
 - Sole Proprietorship
 - LLC
 - Limited Partnership
- If other, please identify _____

Employer Identification Number (EIN) _____

Background and Mission

Year the institution was founded _____.

The institution has been under continuous operation under current ownership since _____.

Briefly state the mission of the institution and the reason(s) for seeking accreditation.

Owner/Director Information

Note: If there is more than one owner, provide the information requested for each of the owners. If the institution is a not-for-profit entity, provide the information requested for every member of the Board of Directors.

Owner/Director _____

Percent of ownership (if applicable) _____%

Address _____

City/State/Zip _____

Phone number _____ Fax number _____

Name of Institution’s Chief Executive or Administrator

Name and Title _____

Address _____

City/State/Zip _____

Work Phone _____ Fax _____

Email _____

Name of Midwifery Program Director (if different from Chief Executive or Administrator)

Name and Title _____

Address _____

City/State/Zip _____

Work Phone _____ Fax _____

Email _____

Owner, Director, Officer and Key Management Staff Background

Has any owner, director, officer, or key management staff person (i) been convicted or pled nolo contendere or guilty to a crime involving the acquisition, use, or expenditure of public funds; (ii) been judicially determined to have committed fraud involving their fiduciary responsibilities, or (iii) been debarred by an accrediting agency and/or state/federal agency?

Yes No.

If yes, provide a narrative explanation.

Note: If there are pending circumstances, which could result in any of the above actions, provide a narrative explanation.

Name of Primary Contact Person for MEAC Accreditation

Name and Title _____

Address _____

City/State/Zip _____

Work Phone _____ Fax _____

Email _____

Main Campus, Branch Campuses and/or Auxiliary Classrooms

The institution has only one site

There are additional sites (branch or auxiliary classrooms)

_____ Branch Campus(es)
(total number of sites)

_____ Auxiliary Classroom(s)
(total number of sites)

If additional sites exist, provide a list of all the sites, which includes the following information for each: name of the institution, d/b/a, street address, city, state, zip code, telephone number, and contact person. See Glossary for “Branch” and “Auxiliary Classroom” definitions.

Programs Other than Direct-Entry Midwifery

Does the institution offer educational programs other than direct-entry midwifery or continuing midwifery education? Yes No

If yes, briefly describe each program, including title, length of program, and any certificates or degrees awarded:

Legal Authority to Offer Educational Programs

Is the institution required to have a state license or other legal authority to offer educational programs/courses? Yes No

If yes, provide a copy of the current state license to operate for each site included in this application and complete the section below.

State Agency _____

Address _____

City/State/Zip _____

Phone number _____ Fax _____

Contact Person _____ Title _____

Note: If renewal of state licensure is pending, provide supporting documentation to give evidence that application has been made (e.g., copies of the application cover and signature pages). If the license has expired, provide proof that the institution has taken the necessary steps to maintain authority by the state agency to continue to operate (e.g., extension letter from state).

If no, provide written verification from the state that exempts the institution from being licensed.

Note: The exemption letter should be no more than two years old.

Regulation of Midwifery Education or Other Requirements

Are there any other state agencies and/or organizations which regulate this institution or the midwifery program? Yes No

If yes, please complete the section below.

State Agency _____

Address _____

City/State/Zip _____

Phone number _____ Fax _____

Contact Person _____ Title _____

Regulatory Actions Pending or In Effect

Is the institution and/or any of its sites currently under an appeal, show cause, or any other form of adverse action or special consideration by any state or federal agency? Yes No

If yes, provide a narrative explanation and relevant documentation regarding the adverse action for our review.

Accreditation by Other Agencies

Is the institution currently accredited by another U.S.D.E. recognized accrediting agency?

Yes No

If yes, answer questions 1-3 below.

(1) Name of Agency _____

(2) When does the accreditation expire for this institution? Month/Year _____

(3) Are the institution and/or any of its other sites currently under an appeal, show cause, or any form of adverse action or special consideration by any other accrediting agency?

Yes No

If yes, provide a narrative explanation and relevant documentation regarding the action for our review.

Has this institution and/or any of the other sites ever been denied accreditation or had its accreditation withdrawn by any nationally recognized agency? Yes No.

If yes, attach a copy of the denial/withdrawal letter.

Has the institution and/or any of its sites operated and/or been accredited under another name other than its current name in the past ten years? Yes No.

If yes, answer questions 1-2 below.

(1) Former name: _____

(2) City/State: _____

Have any other institutions in this corporation or related corporations been subjected to an adverse action or had accreditation withdrawn by any nationally recognized agency?

Yes No

If yes, provide a narrative explanation and attach a copy of the denial/withdrawal letter and/or other relevant documentation.

Financial Aid

Is this institution and/or any of its sites eligible for federal financial aid (Title IV) or state aid programs? Yes No

If yes, attach a copy of the Eligibility and Certification Approval Report (ECAR) for each site included in this application and/or applicable state authorization.

If applicable, what is the institution’s cohort default rate for the previous three years? (Title IV instruction only)

20__ = ____% 20__ = ____% 20__ = ____%

Has this institution, or any other institutions in this corporation or related corporations, been removed from federal eligibility or had its federal eligibility frozen by a guarantee agency and/or the federal government? Yes No N/A

If yes, provide an explanation for the action taken.

Midwifery Program Information

Please indicate which types of certificates and/or degrees are awarded, the length of each program, number of graduates and number of currently enrolled students:

Midwifery Program: Type(s) of Certificate or Degree Awarded	Length of Program	Number of Graduates to Date	Number of Students Currently Enrolled
Certificate			
Associate degree			
Bachelor’s degree			
Master’s degree			
Ph.D. degree			
Other (specify)			

Please provide a brief history and overview of your midwifery program(s).

Please provide a summary of the achievements, strengths, and weaknesses of your program and your future plans.

Attach a current catalog, program handbook and/or other documents which provide(s) potential students with a description of your program, including a list of the modules, courses or other discrete units of instruction included in your curriculum and the contact hours or credits awarded for each. If you have not yet published a catalog, handbook or other documents that contain this information, you must complete and submit a form based on the example below. (Submit one of these forms for each additional site included in this application).

Name _____ Location _____

Main Campus Branch Campus Auxiliary Classroom

Module, Course or Other Discrete Unit of Instruction	Contact Hours	Credit Hours
Example: Prenatal Care	90	6 semester credits

Note: The information provided above must be consistent with that which is reflected in the state/federal approval letters, if applicable, as well as with the institution’s promotional materials, i.e., catalog, brochure, etc.

Briefly describe how your students obtain their clinical experiences and training, e.g., homebirth apprenticeship, birth center, hospitals.

Do you offer distance education courses Yes No (see glossary for definition of terms)

Do you offer correspondence courses Yes No

If any of your courses are delivered via distance learning methods, please indicate what percentage of your curriculum is delivered at a distance and describe what methods are employed.

Part I Preliminary Application for Institutional Accreditation

Certification Statement

Please initial each box:

- I attest to the accuracy and completeness of this document and all attached or forthcoming materials.

I have read the MEAC Accreditation Handbook, including:

- MEAC standards, benchmarks and the documentation required for accreditation/pre-accreditation.
 - MEAC by-laws, policies and procedures
 - Requirements for maintaining accreditation
-
- I certify that the owner(s)/directors and responsible management staff are informed of the MEAC standards, benchmarks, and documentation required for accreditation/pre-accreditation and the requirements for maintaining accreditation, as amended from time to time, and intend to comply with them, in support of the goals and integrity of the accreditation process.
 - I certify that the owners/directors of the institution have assumed responsibility and liability for all accreditation fees and related costs as well as any contractual and/or refund obligations in accordance with state and federal laws and regulations applicable to the institution.
 - I understand that any intent to change ownership, legal status or form of control of this institution; change in established mission or objectives of the institution; change in curriculum; new branch campus and/or additional location providing at least 50% of an educational program must be approved by MEAC prior to that change taking place.
 - I understand that the institution must submit reports annually to MEAC that include numbers of enrolled students, graduates, graduate certification or licensing exam pass rates, and graduate employment rates and that MEAC may make this information available to the public.
 - I grant permission to MEAC to contact the state licensing agency and/or department of education, accrediting agencies, U.S. Department of Education or other organizations and individuals referenced in the application or accompanying materials and authorize and direct such to release the information requested.
 - I agree upon application and accreditation/pre-accreditation to abide by the MEAC By-laws, policies and procedures, as amended from time to time.

Name/Title of Owner/Director or Other Person Authorized to Represent the Institution

Signature _____ Date _____

Notarization

Notary Name _____

Notary Signature _____

My Commission Expires _____ Seal _____

Checklist for Part I Preliminary Application for Institutional Accreditation

Your application packet should include the following:

- Part I Preliminary Application for Institutional Accreditation
- Copy of your current state license(s) or authority to conduct educational courses for each site (or an exemption letter from the state which is not more than two years old)
- Copy of the program's current state license or other evidence of authority to provide midwifery education (if applicable)
- Any other documents required specific to your application
- Catalog, handbook or other document describing midwifery program to potential students, including list of modules, courses or other discrete units of instruction or, if no document available, a table with requested information
- Notarized Certification Statement
- Fee for Part I Preliminary Application for Institutional Accreditation

Submit your application packet to:

MEAC
PO Box 984
La Conner, WA 98257

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