



SCHOOL INFORMATION FORM

Name of School _____

Telephone _____ Fax _____ e-mail _____

Address _____

City _____ State _____ Zip _____

Owner or Executive Director _____

Contact Person _____ e-mail _____

Mailing Address (if different from above) _____

School Director: _____ e-mail _____

Chief Academic Officer _____

Other Key Personnel _____

Accreditation:

ACCSC _____ ABHES _____ NACCAS _____ COE _____

ACCET _____ CEA _____ Middle States _____ Other _____ None _____

Licensed as: BPSS Private Career School _____

Licensed by: State Education Dept. _____ Other State Agency _____

Other Association Memberships _____

Financial Aid Available _____

Placement Assistance Offered _____

Degree Offered _____ Diploma _____ Certificate _____

Additional Information: _____