Application for Registration (Authorization) of Postsecondary Schools
Iowa Code Chapter 261B

This is the application form for all schools that are required to register under Iowa Code Chapter 261B.

All items must be completed. If there is insufficient space on the form to provide all requested information, use additional, separate attachments as required, numbering them to correspond to the application item. Other documents or materials may be attached separately in lieu of providing the information on the form. In such cases, the material or document should be referenced on the form, for example, "see attachment #xx."

Submit the completed and electronically-signed PDF of the application and any separate electronic attachments via email to Carolyn.Small@iowa.gov, or store on external media (i.e.: thumb drive, CD, etc.) and mail to:

Postsecondary Registration Coordinator
Iowa College Student Aid Commission
430 E. Grand Ave., FL 3
Des Moines, Iowa 50309

A school must submit a $1,000 application fee with the application. Please make the check payable to the Iowa College Student Aid Commission and mail to:

Iowa College Student Aid Commission
P.O. Box 310348
Des Moines, IA 50331-0348

The information you provide will be open to public inspection under Iowa Code Chapter 22.11, and posted to the Iowa College Student Aid Commission (the Commission) website under Iowa Code Section 261.2., subsection 7(b).

Exception: A private non-profit or for-profit corporation may submit financial statements associated with its most recent independent auditor's report to the Commission and request that they be treated as confidential. For more information, see application item #31.

For assistance or questions regarding the application, contact the Postsecondary Registration Coordinator at:

Carolyn.small@iowa.gov
(515) 725-3413

(1) Provide the name of school and address of the principal office as defined in Iowa Code Section 490.140 or 510.141: [(261B.4(2))] and [(261B.4(1))]

Name of School: Drake University

Street: 2507 University Avenue

Suite:

City: Des Moines

State: IA

Zip: 50312

Country: United States

Telephone Number for the school's primary state authorization contact (including country or area code):

515-271-1984

E-mail address for the school's primary authorization contact:

kevin.saunders@drake.edu

(2) Type of school: ☐ For-profit ☑ Non-profit ☐ Public

(3) If applicable, provide the address of all physical locations in Iowa where instruction will occur. For a school that is applying for registration to offer distance education programs and that has established, or plans to establish, a permanent Iowa site(s) at which students will participate in a structured field experience, the school may record below the location of that Iowa field experience site(s).

Street: n/a

Suite:

City:

State:

Zip:

Telephone:

(4) Provide the **total** estimated tuition charges, fees and other costs payable to the school by a student over the course of each entire program [(261B.4(3))]. If the school is applying to offer both residential programs that require some face-to-face interaction between student and faculty at an Iowa location in addition to programs that are offered fully "at a distance," please separately list distance education programs, as illustrated below:

	Residential Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated **Total** Program Charges
Add Row Delete Row	Doctor of Pharmacy	P1-P3: $18565 semester; P4: $20,894 semester	Activity: $73 semester; Technology: $250	$1,100		$137976
	Distance Education Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated **Total** Program Charges

Add Row Delete Row	Continuing Education Professional Development	costs range from $215 - $770 depending on the delivery method and the number of credit hours				Dependent on number and type of courses.

(5) Please list all distance education programs that include a structured field experience that the school will permit an Iowa resident to participate in at an Iowa location. For each program that includes a field experience, please separately attach documentation that describes the expectations of the student, school faculty and a site supervisor during the field experience.

Degree Awarded: Doctor of Pharmacy degree -of which students may complete a portion of their program out of state including clinical rotations (APPE) in the final year of the four-year program or potentially an IPPE during a school break.

(6) Provide the name of all other State of Iowa agencies required to approve the applicant school in Iowa and the school's contact person at that Iowa agency. Separately, attach documentation of the school's approval.

State of Iowa Agency Name:

Iowa Board of Educational Examiners

Contact Person: Duane T. Magee

Telephone Number: 515-281-4810

E-mail address:

duane.magee@iowa.gov

(7) Does the school plan to offer a program in Iowa that prepares a student for first-time, licensed professional employment?

☐ No ☑ Yes

List the program and the Iowa professional licensure board that licenses persons to practice the profession for which the school's program prepares a student. For each program, attach documentation demonstrating that the school's program either meets the requirements of a programmatic accrediting agency approved by the Iowa professional licensure board, or that the school's program meets the Iowa professional licensure board's curriculum requirements such that a student who successfully completes the school's program is not required to complete additional coursework or practicum hours.

The Iowa Board of Pharmacy is responsible for licensing of qualified aplicants for the practice of pharmacy (Iowa Code chapters 147 and 155A).

a) College graduate certification: https://www.legis.iowa.gov/law/administrativeRules/chapters?

(8) Provide a link to the school's website, or a description of the school's refund policy for the return of refundable portions of tuition, fees, or other charges [(261B.4(4))]. For a for-profit school with at least one program of more than four months in length that leads to a recognized educational credential, the school's tuition refund policy must comply with Iowa Code Section 714.23. For more information about Iowa Code Section 714.23, contact the Postsecondary Registration Coordinator or see the "Postsecondary Registration" tab on the Commission's main web page at www.iowacollegeaid.gov.

a) http://www.drake.edu/finaid/financialaidbasics/completewithdrawals/
b) http://www.drake.edu/accounts/droppolicy/http://www.drake.edu/media/departmentsoffices/
c) studentfinancialplanning/documents/2015-2016documents/201610%20Withdrawal%20Percentage %20Table.pdf

(9) Provide the name, business address and telephone number of the school's chief executive officer [(261B.4(7))]:

Name:	Street:	Suite:
Earl Martin	2507 University Av	Old Main

City:	State:	Zip:	Country:	Telephone Number:
Des Moines	IA	50311	United States	515-271-2191

(10) Provide a link(s) to the school's website, or describe below the means by which the school provides the following disclosure to students. (If the school provides this information in one or more web-based documents, please provide both the link to the document and the page number within the document where the disclosure(s) is located.

1. The name or title of the course.
2. A brief description of the subject matter of the course.
3. The tuition charge or other fees charged for the course. If a student is enrolled in more than one course at the school, the tuition charge or fee for all courses may be stated in one sum.
4. The refund policy of the school for the return of their fundable portion of tuition, fees, or other charges. If refunds are not to be paid, the information shall state that fact.
5. Whether the credential or certificate issued, awarded, or credited to a student upon completion of the course, or the fact of completion of the course, is applicable toward a degree granted by the school and, if so, under what circumstances the application will be made.
6. The name of the accrediting agency recognized by the United States Department of Education or its successor agency which has accredited the school.

1a. http://www.drake.edu/pharmacy/doctorofpharmacy/pharmdcurriculum/
1b. http://www.drake.edu/cepd/
2. http://www.drake.edu/catalog/graduate/2014-2015/ (see course descriptions link at bottom of page)
3. http://www.drake.edu/accounts/tuitionfees/
4. http://www.drake.edu/media/departmentsoffices/studentfinancialplanning/documents/2014-2015documents/2014-15%20Drake%20Financial%20Aid%20Handbook_10.13.14.pdf (pp. 12-13)
5a. http://www.drake.edu/catalog/graduate/2014-2015/collegeofpharmacyandhealthsciences/policies/

(11) Provide the name, address, and telephone number of a contact person in Iowa. [(261B.4(10))]. If the school is applying for distance education and has elected to register with the Iowa Secretary of State as a corporation transacting business in Iowa, please list the corporation's Iowa resident agent. If a distance education provider chooses not to register with the Iowa Secretary of State, the response to this question may be "not applicable - distance education provider."

Name:		Street:	
Kevin Saunders		2507 University Avenue	
Suite:	City:	State:	Zip:
	Des Moines	IA	50311

Telephone Number (including country or area code):

515-271-1984

(12) Provide the name, address, and title of the other officers and members of the legal governing body of the school [(261B.4(6))]:

	Officer Name	Address	Telephone Number
Add Row Delete Row	http://www.drake.edu/president/boardoftrustees/		
Add Row Delete Row	http://www.drake.edu/president/presidentscouncil/		
Add Row Delete Row			

(13) For a for-profit institution, provide the names and business addresses of persons owning more than 10% of the school [(261B.4(6))]:

	Name	Address	Telephone Number
Add Row Delete Row			

(14) Name all agencies accrediting the institution and programs **offered in Iowa that are recognized by the U.S. Department of Education** [(261B.4(9))]. Separately attach a copy of the school's accreditation status for each agency. Provide all documentation in the school's records about any pending or final accrediting agency sanction.

If the school is applying to initiate in-person instruction at an Iowa location and the school's accrediting agency has not approved the Iowa location, provide either: 1) documentation from the accrediting agency that its approval is not required, or 2) documentation that the accrediting agency will not consider the school's approval request until the Commission approves the school to operate in Iowa.

Accrediting Agency 1

Name:		Street:	
Accreditation Council for Pharmacy Education		135 South LaSalle Street	
Suite:	City:	State:	Zip:
4100	Chicago	IL	60603
Country:		Telephone Number (including country or area code):	
United States		312-664-3575	
Contact Person:			
www.acpe-accredit.org			

Accrediting Agency 2

Name:		Street:	
Higher Learning Commission		230 South LaSalle Street	
Suite:	City:	State:	Zip:
Suite 7-500	Chicago	IL	60604
Country:		Telephone Number (including country or area code):	
United States		800-621-7440	
Contact Person:			
Andrew Lootens-White			

Accrediting Agency 3

Name: Street:

Suite : City: State: Zip:

Country: Telephone Number (including country or area code):

Contact Person:

(15) Describe the procedures followed by the school for safeguarding (e.g., storage, security and back-up processes) and preservation of student records [(261B.4(12))]:

The University utilizes a multi-layer approach to protecting and preserving its data, including student records. Firewalls, Intrusion Prevention/Detection systems, and other network devices analyze and actively block traffic across the network. Assets and systems used to store, transmit, and access data are protected using physical and logical access controls, anti-attack mechanisms, internal and external audits, and a structure of policies, standards, and procedures. Data is backed up nightly and replicated to a secure off-site location.

(16) Provide the contact information to be used by students and graduates who seek to obtain transcript information:

Name: Street

See: http://www.drake.edu/studentrecords/transcripts

Suite : City: State: Zip:

Country: Telephone Number (including country or area code):

E-mail address and/or website:

http://www.drake.edu/studentrecords/transcripts/

(17) List the states and licensure/authorization agencies for all states that require the school to obtain authorization to operate, maintain a presence or offer distance education in that state. Attach documentation of the school's licensure/authorization status in each state. Do not list states in which the school's status is "exempt."

	State	Agency Name
Add Row Delete Row	Minnesota	Minnesota Office of Higher Education

(18) Has a state ever revoked the school's approval to operate in that state?

☑ No ☐ Yes. If yes, attach documentation from the state of its revocation action.

(19) Has a state sanctioned the school within the year prior to the date of this application?

☑ No ☐ Yes. If yes, attach documentation from the state of its sanction action.

(20) Is the school presently under investigation by or bound to the terms of a judgment issued by a state's attorney general or other enforcement authority?

☑ No ☐ Yes. If yes, attach documentation of the investigation or judgment from the enforcement authority.

(21) Will the school certify that it will immediately notify the Commission of any pending or final sanction issued by the school's accrediting agency, another state agency that registers or licenses the school, or a state attorney general's office or other enforcement authority?

☑ Yes ☐ No

(22) Describe the academic and instructional methodologies and delivery systems to be used by the school and the extent to which the school anticipates each methodology and delivery system will be used, including, but not limited to, classroom instruction, correspondence, internet, electronic telecommunications, independent study, and portfolio experience evaluation. [261B.4(13)]

Doctor of Pharmacy:

The 4th professional year consists of eight 5-week APPEs. Students complete four core rotations in community practice, hospital practice, acute care, and ambulatory care and choose four elective experiences in specialty care, ambulatory care, and no more than one non-patient care advance

(23) Is the school subject to a limitation, suspension or termination (LST) order issued by the U.S. Department of Education?

☐ Yes ☑ No

Please separately attach a copy of the school's current Federal Student Aid Program Participation Agreement with the U.S. Department of Education.

(24) Do you currently:

Enroll students in Iowa? ☐ No ☑ Yes. How many? 4991

Employ Iowa faculty? ☐ No ☑ Yes. How many full-time? 289 How many part-time? 138

(25) Do you compensate Iowa residents to perform other operational activities for the school besides teaching (e.g., program or Iowa site coordinator, call-taker or admissions representative)?

☑ No ☐ Yes N.A. How many full-time? How many part-time?

(26) If are you applying to offer face-to-face instruction at one or more fixed locations in Iowa, provide the name, title, business contact information and a brief curriculum vitae summary for the Iowa resident(s) who is employed as a full-time faculty member or program coordinator devoted to Iowa students.

N/A. Please see #27

(27) Of the total number of faculty (including those that may not be Iowa residents) who will provide instruction in programs offered to Iowa residents, how many are full-time? See #24 How many are part-time? See #24

Separately attach resumes, other documentation or links to your website that describe 1) the educational and experiential qualifications of **all** faculty or instructors who teach the courses offered to Iowans, and 2) the general subject matter in which they teach.

(28) How will your school comply with Iowa Code section 261B.7, which requires the school to disclose 1) that it is registered by the Commission, and 2) the Commission's contact information for student questions or complaints?

A statement will be included in the general information section of the appropriate catalog (see: http://www.drake.edu/catalog/graduate/2014-2015/generalinformation/)

Included with this disclosure will be the contact information below:

(29) Will your school comply with the requirements of Iowa Code Section 261.9(1)"e" to "h?"

☑ Yes ☐ No

Note: Schools that apply for registration to offer distance education programs and who have no compensated parties working remotely for the school from an Iowa location are not required to comply with Iowa Code Section 261.9(1)"h." For more information about Iowa Code Section 261.9(1), please contact the Postsecondary Registration Coordinator or see the "Postsecondary Registration" tab on the Commission's main web page at www.iowacollegeaid.gov .

You must attach policies that are ready for implementation upon registration approval and that comply with these requirements.

(30) Does the school agree to file annual reports that the Commission requires from all Iowa colleges and universities? (Note: At this time, the Commission does not require annual reports for out-of-state distance education program providers.)

☑ Yes ☐ No

(31) Attach a copy of the applicant school's most recent independent audit report prepared by a certified public accounting firm no more than 12 months prior to the application and state below where, in the audit report, there is evidence that the auditor is providing an unqualified opinion.

Note: A school may submit financial statements associated with an independent audit to the Commission in a separate electronic file that is marked "confidential." In that case, the Commission will not disclose the school's financial statements to the public.

http://www.drake.edu/busfin/reports/

(32) Describe how your school provides students with learning resources, including appropriate library and other support services requisite for the school's programs.

Library
- collection overview - https://library.drake.edu/find/
- Library hours, policies, staff, subject specialists, research guides, interlibrary loan, Ask A Librarian, frequently asked questions - https://library.drake.edu/get-help/

Academic Achievement
- http://www.drake.edu/acadassist/

(33) Provide evidence that faculty within an appropriate discipline are involved in developing and evaluating curriculum for the program(s) to be registered in Iowa.

Pharmacy:
http://www.drake.edu/cphs/about/databook/
http://www.drake.edu/cphs/about/databook/assessmentplanningtracking/
http://www.drake.edu/catalog/graduatecatalog/doctorofpharmacypharmd/
http://www.drake.edu/media/collegesschools/cphs/documents/Faculty%20Handbook_15-16_150818.pdf (see p. 39)

Continuing Education and Professional Development:

(34) If applicable, please provide evidence that the school has adequate physical facilities appropriate for the program(s) and students services to be offered and are located in the state. For a school that applies for registration to operate a fixed instructional site, include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease.

http://www.drake.edu/media/drakeuniversity/maps/campus-map-letter.pdf
http://www.drake.edu/media/drakeuniversity/maps/2015-16_WalkingTourMap.pdf

(35) For a for-profit institution, provide an organizational plan that shows the physical address and contact information for all educational, administrative and service locations operated by the applicant and any parent organization.

n/a

(36) Provide documentation showing the school's policy for the resolution of student and graduate comments and complaints. Provide complete contact information to which complainants may be referred.

http://www.drake.edu/complaint/

(37) Provide the most recent official Stafford loan cohort default rate that the U.S. Department of Education reports for the school. If the school has multiple campuses and is applying for distance education programs, report the cohort default rate for the campus that supports the school's online programs.

1.4%

(38) Provide the average loan debt upon graduation of individuals completing programs at the school.

The average indebtedness for the 2015 PharmD graduates (all loan types) was $99,454.

Average loan debt is only tracked for full-time degree seeking students, so there is no information for students participating in CEPD courses.

(39) Provide the graduation rate for each branch location that the school reports to the U. S. Department of Education National Center for Education Statistics. If the school has multiple campuses for which it reports a graduation rate and is applying for distance education programs, report the graduation rate for the campus that supports the school's online programs.

Source: IPEDS 2014-15 Graduation Rates, For students pursuing bachelor or equivalent degree, Total (men and women) 6-year graduation rate = 76%

SIGNATURE

Applicant School Chief Executive Officer

Earl Martin	President
Name	Title
Digitally signed by Earl Martin DN: cn=Earl Martin, o=Drake University, ou, email=president@drake.edu, c=US Date: 2016.03.04 09:12:26 -06'00'	March 4, 2016
Signature	Date

See link below for video instructions to set up a digital signature (start video at 2:57 for relevant information)

http://tv.adobe.com/watch/acrobat-x/how-to-digitally-sign-a-document-with-adobe-reader/

By my signature above, I commit to the delivery of programs my school offers in Iowa, and agree to provide alternatives for students to complete programs at my school or at another school(s) if my school closes a program, or my school closes before students have completed their courses of study.

Additional Instructions:

- If any information in this application changes before the Commission considers the application the school should inform the Postsecondary Registration Coordinator via email.
- A registration fee of $1000 is due and payable to the Iowa College Student Aid Commission upon registration approval.
- Registrations must be renewed every two years. During a registration term, a school must submit a written request for amendment via email and remit an additional $1000 amendment fee upon any substantive change in program offerings, location, or accreditation.
- During a registration term, other changes that occur to the information provided in this application must be submitted in writing (e-mail is acceptable) to the Postsecondary Registration Coordinator within 90 days of the change (e.g., a new program that does not require the approval of an agency of the state of Iowa).