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 attachments as required, numbering them to correspond to the application item. Other documents or materials may be attached to the form in lieu of providing the information on the form. In such cases, the material or document should be referenced on the form and *clearly* marked for ease of identification.

Submit the complete and electronically signed PDF of the application and any necessary electronic attachments via email to Carolyn.Small@iowa.gov, or on thumb drive or CD to:

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

A school must submit a $1000 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 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 item #30:

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: Ultimate Medical Academy

Suite:

Street: 3101 W. Dr. Martin Luther King Jr. Bl

City: Tampa

State: Florida

Zip: 33607

Country: United States of America

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

(813) 387-6784

E-mail address for the schools' primary authorization contact:

sedwards@ultimatemedical.edu

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

(3) If applicable, provide the address of all locations in Iowa where instruction will occur. For a school that is applying for registration to offer distance education programs and who 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).

Suite:

Street:

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						

	Distance Education Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated **Total** Program Charges
Add Row Delete Row	Medical Billing and Coding Diploma (For Veterans and Qualified Spouses/ Dependents of Veterans and Active Duty)	$14,820	none	included in tuition	none	$14,820

Add Row Delete Row	Medical Office and Billing Specialist Diploma (For Veterans and Qualified Spouses/Dependents of Veterans and Active Duty)	$14,440	none	included in tuition	none	$14,440
Add Row Delete Row	Pharmacy Technician Diploma (For Veterans and Qualified Spouses/ Dependents of Veterans and Active Duty)	$14,250	none	included in tuition	none	$14,250
Add Row Delete Row	Medical Administrative Assistant Diploma (For Veterans and Qualified Spouses/Dependents of Veterans and Active Duty)	$14,440	none	included in tuition	none	$14,440
Add Row Delete Row	*Associate of Science in Health Sciences with a concentration in Medical Administrative Assistant (For Veterans and Qualified Spouses/Dependents of Veterans and Active Duty)	$23,560	none	included in tuition	none	$23,560
Add Row Delete Row	Associate of Science in Health and Human Services (For Veterans and Qualified Spouses/Dependents of Veterans and Active Duty)	$24,320	none	included in tuition	none	$24,320
Add Row Delete Row	Associate of Science in Health Information Technology (For Veterans and Qualified Spouses/Dependents of Veterans and Active Duty)	$24,130	none	included in tuition	none	$24,130
Add Row Delete Row	Associate of Science in Healthcare Management (For Veterans and Qualified Spouses/Dependents of Veterans and Active Duty)	$25,080	none	included in tuition	none	$25,080
Add Row Delete Row	Associate of Science in Health Sciences with a concentration in Health Technology and Systems (For Veterans and Qualified Spouses/ Dependents of Veterans and Active Duty)	$23,180	none	included in tuition	none	$23,180

Add Row Delete Row	*Associate of Science in Health Sciences with a concentration in Medical Office and Billing Specialist (For Veterans and Qualified Spouses/Dependents of Veterans and Active Duty)	$23,560	none	included in tuition	none	$23,560
Add Row Delete Row	*Associate of Science in Health Sciences with a concentration in Pharmacy Technician (For Veterans and Qualified Spouses/ Dependents of Veterans and Active Duty)	$23,370	none	included in tuition	none	$23,370
Add Row Delete Row	*Associate of Science in Medical Billing & Coding (For Veterans and Qualified Spouses/Dependents of Veterans and Active Duty)	$23,940	none	included in tuition	none	$23,940
Add Row Delete Row	Medical Billing and Coding Diploma (For Active Duty, National Guard, Reserves)	$12,870	none	no charge	none	$12,870
Add Row Delete Row	Medical Office and Billing Specialist Diploma (For Active Duty, National Guard, Reserves)	$12,540	none	no charge	none	$12,540
Add Row Delete Row	Pharmacy Technician Diploma (For Active Duty, National Guard, Reserves)	$12,375	none	no charge	none	$12,375
Add Row Delete Row	Medical Administrative Assistant Diploma (For Active Duty, National Guard, Reserves)	$12,540	none	no charge	none	$12,540
Add Row Delete Row	*Associate of Science in Health Sciences with a concentration in Medical Administrative Assistant (For Active Duty, National Guard, Reserves)	$20,460	none	no charge	none	$20,460
Add Row Delete Row	Associate of Science in Health and Human Services (For Active Duty, National Guard, Reserves)	$21,120	none	no charge	none	$21,120

Add Row Delete Row	Associate of Science in Health Information Technology (For Active Duty, National Guard, Reserves)	$20,955	none	no charge	none	$20,955
Add Row Delete Row	Associate of Science in Healthcare Management (For Active Duty, National Guard, Reserves)	$21,780	none	no charge	none	$21,780
Add Row Delete Row	Associate of Science in Health Sciences with a concentration in Health Technology and Systems (For Active Duty, National Guard, Reserves)	$20,130	none	no charge	none	$20,130
Add Row Delete Row	*Associate of Science in Health Sciences with a concentration in Medical Office and Billing Specialist (For Active Duty, National Guard, Reserves)	$20,460	none	no charge	none	$20,460
Add Row Delete Row	*Associate of Science in Health Sciences with a concentration in Pharmacy Technician (For Active Duty, National Guard, Reserves)	$20,295	none	no charge	none	$20,295
Add Row Delete Row	*Associate of Science in Medical Billing and Coding (For Active Duty, National Guard, Reserves)	$20,790	none	no charge	none	$20,790
Add Row Delete Row	Medical Administrative Assistant Diploma	$16,340	none	included in tuition	none	$16,340
Add Row Delete Row	Medical Billing & Coding Diploma	$16,770	none	included in tuition	none	$16,770
Add Row Delete Row	Medical Office and Billing Specialist Diploma	$16,340	none	included in tuition	none	$16,340

Add Row Delete Row	Pharmacy Technician Diploma	$16,125	none	included in tuition	none	$16,125
Add Row Delete Row	Associate of Science in Health and Human Services	$27,520	none	included in tuition	none	$27,520
Add Row Delete Row	Associate of Science in Health Information Technology	$27, 305	none	included in tuition	none	$27, 305
Add Row Delete Row	Associate of Science in Health Sciences with a concentration in Healthcare Technology and Systems	$26, 230	none	included in tuition	none	$26, 230
Add Row Delete Row	*Associate of Science in Health Sciences with a concentration in Medical Administrative Assistant	$26,660	none	included in tuition	none	$26,660
Add Row Delete Row	*Associate of Science in Health Sciences with a concentration in Medical Office and Billing Specialist	$26,660	none	included in tuition	none	$26,660
Add Row Delete Row	*Associate of Science in Health Sciences with a concentration in Pharmacy Technician	$26,445	none	included in tuition	none	$26,445
Add Row Delete Row	Associate of Science in Healthcare Management	$28,380	none	included in tuition	none	$28,380
Add Row Delete Row	*Associate of Science in Medical Billing and Coding	$27,090	none	included in tuition	none	$27,090

(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 attach documentation that describes the expectations of the student, school faculty, and a site supervisor.

The following programs require an externship/field experience:

a. Pharmacy Technician Diploma

b. Associate of Science in Health Sciences with a concentration in Pharmacy Technician

(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 the agency. Attach documentation of the school's approval.

State of Iowa Agency Name:

Iowa Secretary of State

Contact Person:

Paul D. Pate

Telephone Number:

(515) 281-5204

E-mail address:

sos@sos.iowa.gov

(7) Does the school plan to offer in, Iowa, a program 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 completes the school's program is not required to complete additional coursework or practicum hours that the school did not offer in its program.

(8) Provide a link to the school's Internet site, 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 for Iowa students 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.

https://portal.ultimatemedical.edu/public/uma/images/PDF/Catalog/umacatalog.pdf

See Catalog, pages 41-42

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

Name:	Suite:	Street:
Mr. Steven Kemler	3101 W. Dr. Martin	

City:	State:	Zip:	Country:	Telephone Number:
Tampa	Florida	33607	United States of A	(888) 205-2456

(10) Provide a link(s) to the school's Internet site, 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.

(Website) http://www.ultimatemedical.edu/

(Catalog) https://portal.ultimatemedical.edu/public/uma/images/PDF/Catalog/umacatalog.pdf
(Catalog Supplement) https://portal.ultimatemedical.edu/public/uma/images/PDF/Catalog/Online%20Catalog%20Supplement.pdf

These disclosures can be found in the Catalog and Catalog Supplement at the following pages:

(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 has not registered with the Iowa Secretary of State, the response to this question may be "not applicable" distance education provider."

Name:	Suite:
National Corporate Research Ltd.,	222

Street:	City:	State:	Zip:
604 Locust Street	Des Moines	IA	50309

Country:	Telephone Number (including country or area code):
United States of America	(800) 221-0102

(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 Number 1

Name:	Suite:
Theodore Polin, Executive Director	4th Floor

Street:	City:	State:	Zip:
26. W. 17th Street	New York	NY	10011

Country:	Telephone Number (including country or area code):
United States of America	(303) 953-4580

For officers 2 or more, add pages as needed.

(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: Suite:

None

Street: City: State: Zip:

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

For owners 2 or more, add pages as needed.

(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))] 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, provided 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: Suite:

Accrediting Bureau of Health Education Schools (AB 314 N.

Street: City: State: Zip:

7777 Leesburg Pike Falls Church Virginia 22043

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

United States of America (703) 917-9503

Contact Person:

Eileen M. Brennan, Director of Accreditation

Accrediting Agency 2

Name: Suite:

Street: City: State: Zip:

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

Contact Person:

Accrediting Agency 3

Name: Suite:

Street: City: State: Zip:

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

Contact Person:

For additional accrediting agencies, add additional pages.

(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))]

All student records are maintained on an electronic database, and access to data is controlled based upon need and is password protected. Records are backed up daily to redundant systems, owned and controlled by UMA, that are both on site and remote. Hard copies of student records are also maintained. These files are stored in a secured area at the online campus for all current students and for the most recent cohort. Because of the volume of files, older files are stored off-site under a contract with Iron Mountain, a secure data storage facility in Tampa. Off-site records can be retrieved within hours of notification.

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

Name: Suite:

Registrar's Office (Ultimate Medical Academy)

Street: City: State: Zip:

3101 W. Dr. Martin Luther King Tampa Florida 33607

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

United States of America (888) 205-2456

E-mail address and/or web site:

www.ultimatemedical.edu

(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	Alabama	Alabama Commission on Higher Education
Add Row Delete Row	Alabama	Alabama Department of Postsecondary Education
Add Row Delete Row	Alaska	Alaska Commission on Postsecondary Education
Add Row Delete Row	Arkansas	Arkansas Higher Education Coordinating Board

Add Row Delete Row	Delaware	Delaware Department of Education
Add Row Delete Row	Florida	Florida Commission for Independent Education
Add Row Delete Row	Indiana	Indiana Commission for Higher Education
Add Row Delete Row	Iowa	Iowa College Student Aid Commission
Add Row Delete Row	Maryland	Maryland Higher Education Commission
Add Row Delete Row	Minnesota	Minnesota Office of Higher Education
Add Row Delete Row	Nebraska	Nebraska Department of Education
Add Row Delete Row	Nevada	Nevada Commission on Postsecondary Education
Add Row Delete Row	New Mexico	New Mexico Higher Education Department
Add Row Delete Row	North Dakota	North Dakota University System
Add Row Delete Row	Wisconsin	Wisconsin Educational Approval Board
Add Row Delete Row	Wyoming	Wyoming Department of 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 during its Iowa registration term, 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)]

Instructional methodology varies by program-and even course-depending upon the nature of the material and the available resources. The pedagogical approaches used within all UMA distance education courses match current best practices in postsecondary online instruction. Instructors use both 'one to many' and 'one to one' instructional techniques. Each of the learning resources have their individual strengths, so the instructors are required to use a multiple array of these resources in

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

☐ Yes ☑ No

Please 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? 66

Employ Iowa faculty? ☑ No ☐ Yes. How many full-time? N/A How many part-time? N/A

Provide the name(s) of and business contact information for any Iowa resident that the school compensates to provide instruction or academic supervision in the programs its offers in Iowa.

N/A

(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, admissions representative)?

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

Provide the names, titles, and business contact information for all Iowa residents that the school compensates to provide operational support other than teaching. Attach a resume, other documentation, or provide a link to the school's Internet site that provides a curriculum vitae summary for each Iowa resident employee.

N/A

(26) 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? 6 How many are part-time? 248

Attach resumes, other documentation, or links to your Internet site 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.

(27) 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?

1. Please see page 27 of the school catalog at https://portal.ultimatemedical.edu/public/uma/images/PDF/Catalog/umacatalog.pdf, stating:

"Iowa Residents:Ultimate Medical Academy is registered with the Iowa College Student Aid

(28) 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/Authorization 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.

(29) 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

(30) 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 to the Postsecondary Registration Coordinator financial statements associated with an independent audit 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.

Attached is a copy of UMA's 2013 Audited Financial Statement. We will provide the 2014 Audited Financial Statement as soon as it is available. We request that UMA's financial statements remain confidential and are not released to the public.

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

Please see pages 54-55 of the Catalog at:

https://portal.ultimatemedical.edu/public/uma/images/PDF/Catalog/umacatalog.pdf.

Within the online classrooms the following instructional and assessment resources are provided to facilitate substantive interactive engagement meeting the educational goals and objectives of each course:

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

UMA recognizes that faculty input and feedback is important to maintaining relevant and rigorous educational programs. As such, faculty are provided regular opportunities to contribute to the establishment and ongoing evaluation of the educational programs, instructional delivery, text and material selection, and supplemental student learning services. Faculty provide ongoing feedback regarding these program components through multiple means including:

- UMA Advisory Boards (meet at least once per year)

(33) 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 open a fixed instructional site, include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease.

UMA has no physical facilities within the state of Iowa.

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

N/A

(35) 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.

Please see pages 49-50 of the school catalog.

UMA encourages students to bring all complaints or issues to its attention and created a department, UMA Cares, to field escalated student concerns and provide a documented process for assisting students in resolving such matters. UMA has found that most student questions and concerns can be resolved simply through discussion. Students may use UMA Cares to voice their problems, concerns, frustrations, or complaints via phone at 1-800-509-5474 or email at UMAcares@ultimatemedical.edu.

(36) 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.

14.1

37) Provide the average loan debt upon graduation of individuals completing programs at your institution.

Ultimate Medical Academy discloses required data for all programs on the median loan debt incurred by students who completed the program during the award year (separated by federal and private loan debt), graduation, placement, on-time completion, and tuition to students and the public at large via the Catalog, as well as on the UMA website. This data can be accessed at the following website, and

(38) 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 had 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 schools online programs.

ABHES requires institutions to only record and retain retention rates. ABHES does not require recording nor retaining completion rates.

Please see disclosures on student retention and placement by program attached.

SIGNATURE

Applicant School Chief Executive Officer

Steven Kemler	CEO
Name	Title
Steven Kemler Digitally signed by Steven Kemler DN: cn=Steven Kemler, o=Ultimate Medical Academy, ou=CEO, email=jschrock@convensionpt.com, c=US Date: 2015.04.08 15:50:53 -04'00'	4/8/15
Signature	Date

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 other institutions if my school closes a program, or the 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 Commission via email.
- A registration fee of $1000 is due and payable to the State of Iowa 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, 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).
- During a registration term, a school that offers distance education programs that include a mandatory structured field experience must notify the Commission of the Iowa field experience location within 90 days of establishing the Iowa field experience site.