

# *Iowa College Student Aid Commission*

*Postsecondary Registration Administrator  
603 East 12th Street, FL 5th  
Des Moines, IA 50319  
(515) 725-3470*

## **Postsecondary Registration 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 before the registration application or the exemption will be considered received for processing. If there is insufficient space on the form to provide all requested information, use additional pages as required, numbering to correspond to the 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 one paper copy and one electronic pdf copy of the application.**

The information you provide will be open to public inspection under Iowa Code Chapter 22.11

# Iowa College Student Aid Commission

Postsecondary Approval and Registration Administrator  
603 East 12th Street, FL 5th  
Des Moines, IA 50319  
(515) 725-3470

## Application for Approval and Registration of Postsecondary School Iowa Code Chapter 261B

Submit a paper document and a complete duplicate in pdf format on a CD or other electronic media. Applications may be submitted electronically by contacting the Postsecondary Approval Administrator at the Iowa College Student Aid Commission.

**All items must be completed** before the application will be considered as received by the Commission. Attach additional pages as needed to provide the requested information. Other documents or materials may also be attached to support the application. Attachments must be tabbed and clearly marked on both the paper and pdf documents.

(Registrations must be renewed every two years or upon any substantive change in program offerings, location, or accreditation.)

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: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: Pullman \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_

Type of school:

- For-profit
- Non-profit
- Public

Address of this school in all in other states, and in foreign countries: None

Suite	Street	City	State	Zip	Country	Telephone

Address of all locations in Iowa where instruction is to be provided. WSU has no physical presence, agreements or relationships in Iowa. Internship/practicum-type activities, if any, are arranged by students. Please see attached cover letter for detailed information.

Suite	Street	City	State	Zip	Country	Telephone

Total tuition charges, fees and other costs payable to the school by a student. [(261B.4(3))] Please see attached.

Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Total

Refund policy of the school for the return of refundable portions of tuition, fees, or other charges [(261B.4(4))] If the refund policy is attached, please summarize the policy below.

Degrees granted by the school [(261B.4(5))]

Offered in Iowa [(261B.4(11))]

Week	1	2	3	4	5	6	7	8	9	10 and later
Percent Reduction	100	80	80	70	60	60	50	50	40	0

(These figures relate to fall and spring semesters; please see Attachment 2 for additional information)

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

Name: Elson S. Floyd, President  
 Suite: P.O. Box 641048



Telephone Number (including country or area code): \_\_\_\_\_

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: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone No. (including country or area code): \_\_\_\_\_

For officers 2 or more, add pages as needed:

Owner Number 2

Names and addresses of persons owning more than 10% of the school: [(261B.4(6))]

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_

For owners 2 or more, add pages as needed

Name all agencies accrediting the institution. For each agency, include **name, address, telephone number, and whether the agency is recognized by the U.S. Department of Education.** [(261B.4(9))] Attach copies of accreditation certificates of status for each agency. If the Iowa location is not accredited, provide accrediting agency certification that the Iowa location will be granted accreditation upon approval by the College Student Aid Commission. **Provide documentation that every location of applicant school is approved by the accrediting agency and in good standing, for all locations throughout the world.**

Accrediting agency 1

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: Redmond  
State: \_\_\_\_\_  
Zip: 98052-3981  
Country: U.S.A.  
Telephone Number (including country or area code): \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Is this agency recognized by the U. S. Department of Education? [ X ] Yes [ ] No

Accrediting Agency 2

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Is this agency recognized by the U. S. Department of Education?  Yes  No

Accrediting Agency 3

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone No. (including country or area code): \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Is this agency recognized by the U. S. Department of Education?  Yes  No

Accrediting Agency 4

Describe the procedures followed by the school for permanent preservation of student records. [(261B.4(12))]

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Provide the contact information to be used by students and graduates who seek to obtain transcript information.

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: Pullman  
State: Washington  
Zip: 99164-1035  
Country: \_\_\_\_\_  
Telephone Number. (including country or area code): \_\_\_\_\_

List the states and approval or registration agencies for all states in which the school operates or maintains a presence. None -- We have a presence in Washington state and are seeking approval to operate in 47 other states.

State	Agency Name	Address	Contact Person	Telephone Number

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))]

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Provide the name of every other State of Iowa agency required to approve the applicant school in Iowa, the school's contact person at the agency and the current status of that approval. Attach documentation in the form of a letter or certificate for each agency.

Agency Name	Contact Person	Telephone Number	Approval Status

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

Yes  No

If yes, explain below.

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Attached a copy of the applicant school's most recent audit 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.

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Describe how students will be provided with access to learning resources, including appropriate library and other support services requisite for the schools' degree programs.

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

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If applicable, please provide evidence that the school has adequate physical facilities appropriate for the program(s) to be offered and are located in the state. Include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease. Please include a photograph of the location.

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Include a statement, signed by the chief executive officer of the applicant school, on school letterhead, demonstrating the school's commitment to the delivery of programs located in Iowa, and agreeing to provide alternatives for students to complete programs at other institutions if the applicant school closes the program before students have completed their courses of study.

Statement may be in an attached document. Please see Attachment 8.

Provide an organizational plan that shows the location and physical address, telephone number, fax number and contact information for all internet-based and site-based educational locations, administrative, and service centers operated by the applicant and any parent organization.

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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.

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If applicable, provide a copy of a current Certificate of Authority provided by the applicant's home state and the Iowa Secretary of State.

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Provide the U. S. Department of Education cohort graduation rate for each branch location and the total organization, showing rates for graduates of diploma, two-year, and four-year, programs if those rates are reported to the U. S. Department of Education National Center for Education Statistics.

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**SIGNATURE**

**Applicant School Chief Executive Officer**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

**If any information in this application changes between the time of application Commission action, the school must inform the Commission by filing an Amended Application clearly indicating the information which is being amended. Amendments must be received before the Commission takes action.**

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# Iowa College Student Aid Commission

Postsecondary Registration Administrator  
603 East 12th Street, FL 5th  
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(515) 725-3470

## Exemption Claim for Postsecondary (261B) School Registration

*Iowa Code* § 261B.11 provides 14 exemptions from the Postsecondary School registration requirements of Chapter 261B. Exemption claims must be approved by the Commission before becoming effective. A school which falsely or erroneously claims an exemption remains subject to the enforcement authority of Chapter 261B.

Applications may be submitted electronically.

Applications are to be sent to:

Postsecondary Registration Administrator  
Iowa College Student Aid Commission  
603 East 12th Street, FL 5th  
Des Moines, IA 50319  
carolyn.small@iowa.gov

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[(261B.4(2))] and [(261B.4(1))]

Name of School: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_

Type of corporation:

- For-profit
- Non-profit
- Public

Address of all locations in Iowa where instruction is to be provided

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

Name: \_\_\_\_\_  
Suite: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone Number (including country or area code): \_\_\_\_\_

**Indicate which of the following exemptions is/are claimed.**

1. Schools and educational programs conducted by firms, corporations, or persons for the training of their own employees.
2. Apprentice or other training programs provided by labor unions to members or applicants for membership.
3. Courses of instruction of a vocational or recreational nature that do not lead to an occupational objective.
4. Seminars, refresher courses, and programs of instruction sponsored by professional, business, or farming organizations or associations for the members and employees of members of these organizations or associations.
5. Courses of instruction conducted by a public school district or a combination of public school districts.
6. Colleges and universities authorized by the laws of Iowa to grant degrees.
7. Schools or courses of instruction or courses of training that are offered by a vendor solely to the purchaser or prospective purchaser of the vendor's product when the objective of the school or course is to enable the purchaser or the purchaser's employees to gain skills and knowledge to enable the purchaser to use the product.
8. Schools and educational programs conducted by religious organizations solely for the religious instruction of leadership practitioners of that religious organization.
9. Postsecondary educational institutions licensed by the state of Iowa under section 157.8 or 158.7 to operate as schools of cosmetology arts and sciences or as barber schools in the state.
10. Accredited higher education institutions that meet the criteria established under section 261.9, Subsection 1.
11. Postsecondary educational institutions offering programs limited to nondegree specialty vocational training programs.

12. Higher education institutions located in Iowa that are affiliated with health care systems located in Iowa, and which offer health professions programs that are accrediting agency recognized by the United States Department of Education.

13. Higher education institutions located in Iowa whose message therapy curriculum is approved under administrative rules of the professional licensure division of the department of public health and whose instructors are licensed massage therapists under chapter 152C.

14. A postsecondary educational institution established in Bettendorf in 1969 to prepare students for the Federal Communications Commission radio broadcasting examination

Explain in detail why the institution qualifies for the indicated exemption(s). Note the Commission will make a determination, based on this information.

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**SIGNATURE**

**Applicant School Chief Executive Officer**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

**If any information in this application changes between the time of application Commission action, the school must inform the Commission by filing an Amended Application clearly indicating the information which is being amended. Amendments must be received before the Commission takes action. If the claimed exemption becomes inapplicable, the school must immediately apply for registration with the State of Iowa or cease offering the course(s) of instruction. A school that is approved for exemption must, generally, reapply for the exemption, at minimum, every 2 years.**