



MIKE KRAUSE
Executive Director

STATE OF TENNESSEE
HIGHER EDUCATION COMMISSION
TENNESSEE TOWER, 9TH FLOOR
312 ROSA L. PARKS AVE.
NASHVILLE, TN 37243-1102
(615) 741-5293

BILL LEE
Governor

APPLICATION FOR OPTIONAL EXPEDITED AUTHORIZATION (OEA)

A completed application must be submitted for **each location**.

INSTITUTIONAL DATA			
Institution Name:			
DPSA Institution Code (Applicable if Renewing OEA or Previously Authorized):			
OPEID No.:			
PHYSICAL LOCATION ADDRESS			
Address:			
City:	State:	ZIP:	County:
Mailing Address (This address is used only if the institution is unable to receive mail at the physical location.)			
Address:			
City:	State:	ZIP:	
INSTITUTION CONTACT DATA			
Telephone No.:		Fax No.:	
Website:		Email:	
Name of the Institutional Director:			
Telephone No.:		Email:	
Name of Secondary On-Site Contact:			
Title:			
Telephone No.:		Email:	
Name of Corporate Contact:			
Title:			
Telephone No.:		Email:	
CONTACT PERSON FOR THIS APPLICATION			
Name:			
Address:			
City:	State:	ZIP:	
Telephone No.:	Email:		
CURRENT INSTITUTIONAL ACCREDITATION DATA			
The institution must have institutional accreditation and authority to offer degrees from a regional or national accrediting agency recognized by the U.S. Department of Education (USDOE).			
1. Accreditor Name:			
Highest Credential Level of Accreditation:			
Initial Accreditation Date:		Accredited Through Date:	
2. Accreditor Name:			
Highest Credential Level of Accreditation:			
Initial Accreditation Date:		Accredited Through Date:	

ATTACHMENT CHECKLIST

The items in the checklist must be provided in order for the application to be complete. Refer to Tenn. Code Ann. § 49-7-2022 and Rule Chapter 1540-01-10 for additional information.

APPLICATION DEADLINES AND MEETING DATES

Application deadlines and meeting dates for the Committee on Postsecondary Education Institutions may be found at: <https://www.tn.gov/thec/news-and-events/public-meeting-notices/committee-of-postsecondary-educational-institutions.html>.

FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION	
<input type="checkbox"/>	1. OPTIONAL EXPEDITED AUTHORIZATION FEE OF \$9,000 – Place the OEA fee in an envelope marked “Optional Expedited Authorization.” <u>Payment must be made with a business check, money order, or cashier’s check.</u> No personal checks will be accepted. Make checks payable to the State of Tennessee.
<input type="checkbox"/>	2. ACCREDITATION DOCUMENTATION – Provide evidence of good-standing, valid institutional accreditation, and authority to offer degrees from a regional or national institutional accrediting agency recognized by the USDOE.
<input type="checkbox"/>	3. TITLE IV ELIGIBILITY DOCUMENTATION – Provide the following items: <ul style="list-style-type: none"> a. The most recent independent audit with the federal financial composite score as described in 34 C.F.R. § 668.172 b. Any correspondence issued in the past twenty-four (24) months from the Federal Student Aid Office of the USDOE concerning eligibility for financial aid; or c. Provide documentation evidencing that the institution meets and maintains financial standards and institutional stability acceptable to the accreditor for the purpose of maintaining accreditation or to the United States department of education for the purpose of being a Title IV eligible institution.
<input type="checkbox"/>	4. RESERVED - No response needed from the institution for this item number. This item number is reserved for future use.
<input type="checkbox"/>	5. STUDENT LEVEL STATISTICAL DATA (SLSD) – The institution will file SLSD separately by October 15 of each year. The Personally Identifiable Information (PII) contact for the institution will receive or should have received the necessary spreadsheet and instructions in June.
<input type="checkbox"/>	6. COMPLAINT PROCESS DOCUMENTATION – Provide documentation evidencing an established, clearly articulated, and comprehensive process for the resolution of student complaints that includes: <ul style="list-style-type: none"> a. A detailed explanation as to how a student escalates a grievance to the highest level at the authorized institution location; b. An opportunity for all persons involved in the complaint to be heard at any final step at the institutional location level, including, but not limited to, an appeal; c. An explanation as to how the institution will notify students that complaints not resolved at the institutional location level may be filed with the Commission; and d. An explanation as to how students will be notified of the institution’s comprehensive process.
<input type="checkbox"/>	7. INSTITUTIONAL OWNERSHIP INFORMATION – Provide a description of the ownership structure of the institution, the names and contact information for all owners, and, if applicable, a corporate tree showing the institution’s position in relationship to all affiliated corporate entities. <hr style="border: 0.5px solid black; margin: 10px 0;"/> <p>Please check which of the following ownership structures applies to the institution: (Please check only one. If checking “Other” please attach an explanation under Attachment 10 of this application.)</p> <p> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation </p>

Limited Liability Corporation
 Limited Partnership
 Limited Liability Partnership
 Not-for-Profit Corporation
 Government Agency (State-Owned Institution)
 Other

Has any principal owner ever been associated as a principal party, owner, or administrator in an educational institution that participated in federal student aid programs? (If yes, please attach an explanation under Attachment 10 of this application.)
 Yes
 No

Has any principal owner ever been associated as a principal party, owner, or administrator in an educational institution that ceased operation with a resulting loss of time or money for enrollees of such institution? (If yes, please attach an explanation under Attachment 10 of this application.)
 Yes
 No

<input type="checkbox"/>	<p>8. REPORT OF ANY ILLEGAL OR UNETHICAL CONDUCT – Provide a report of any illegal or unethical conduct by employees, agents, contractors, or third-party service providers related to the delivery of educational programs and services to students with any corrective action and remedies taken by the institution.</p>
<input type="checkbox"/>	<p>9. WEBSITE – Provide all links to the institution’s web pages where the most current version of the following information can be found:</p> <ul style="list-style-type: none"> a. Costs of attendance; b. Information on whether academic credits attained are transferable to other institutions operating in Tennessee; c. Executed articulation and transfer agreements with other institutions operating in Tennessee, if applicable; and d. Federal student cohort default rates.
<input type="checkbox"/>	<p>10. COMPREHENSIVE PROGRAM LIST – Provide information for each program offered using the prepopulated or blank Excel spreadsheet provided as an attachment to the email containing this application. Instructions for completing the spreadsheet are also attached to the email.</p>
<input type="checkbox"/>	<p>11. STATE AUTHORIZATION – If the institution is not authorized in Tennessee, provide documentation evidencing that the institution is authorized or exempt from authorization in the state where it is primarily located.</p>
<input type="checkbox"/>	<p>12. INSTITUTIONAL BOND - Pursuant Tenn. Code Ann. § 49-7-2013(a) and 49-7-2022, in-state institutions, institutions providing primarily religious instruction, or institutions not organized as private postsecondary educational institutions must secure surety bonds in the amount of \$10,000. Any out-of-state institution that does not fall into one of the above categories must secure a surety bond in the amount of \$20,000.</p> <ul style="list-style-type: none"> a. If the institution is seeking to continue authorization as an OEA institution, please submit documentation evidencing that the institutional bond has been renewed and is current. This documentation must be in the form of a verification certificate or continuation certificate from the bond company indicating the bond number and the dates through which the premium has been paid. DPSA will not accept a bill or invoice from the bond company or a copy of a check written to the bond company as proof that the premium has been paid. b. If the institution is seeking initial authorization as an OEA institution, or does not currently have a bond on file, the institution must obtain a new institution bond. Accordingly, the original bond, signed and notarized by all parties, must be provided. (For a copy of the Institutional Surety Bond click here.)

AFFIRMATION OF INSTITUTIONAL DIRECTOR

I affirm the following are true:

- I have completed or reviewed this Application for Optional Expedited Authorization in its entirety.
- I have read and understand the Tennessee Higher Education Authorization Act of 2016, Tenn. Code Ann. §§ 49-7-2000, *et seq.*
- I have read and understand the Rules of the Tennessee Higher Education Commission, Chapters 1540-01-02 and 1540-01-10.
- The information contained in this application and in the attached documents is accurate.
- Through the submission of this application and as currently operating, this institution is operating lawfully in Tennessee.
- Any documentation demonstrating subject matter expert approval is valid proof of good-standing with the subject matter expert.

Signature: _____

Print Name: _____

Title: _____

Date: _____

NOTARY

I certify that the above individual appeared before me and signed this Affirmation of Institutional Director:

Sworn and subscribed before me on this, the _____ day of _____ 20 _____

Notary Signature

Date Commission Expires

This Application for Optional Expedited Authorization (OEA) and supporting documentation must be submitted to the Division of Postsecondary State Authorization (DPSA) as explained at <https://www.tn.gov/thec/bureaus/student-aid-and-compliance/postsecondary-state-authorization/dpsa-links-and-forms.html>.

KEEP A COMPLETE COPY OF THE APPLICATION PACKAGE FOR THE INSTITUTIONAL FILES.

FOR OFFICE USE ONLY		
Entered By	Payment Amount	Payment Type