



KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502) 564-3296, Extension 239 ~ www.finance.ky.gov/bpe

APPLICATION FOR LICENSE RENEWAL NON-RESIDENT SCHOOL

INSTRUCTIONS

1. This application must be typed or printed legibly and completed in its entirety.
2. This application and all supporting material must be submitted with the annual renewal license fee of Nine Hundred Dollars (\$900.00). This fee is nonrefundable. All fees must be paid by check or money order made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.
3. Attach continuation sheets if more space is needed to provide information.
4. Refer to KRS 165A.340(3); 165A.360(1), (2); 165A.400; and 201 KAR 40:025.
5. This completed application may be submitted to the Kentucky State Board for Proprietary Education either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

SCHOOL INFORMATION

School Name _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Website Address _____

Administrative Contact Person Name _____ Title _____

Administrative Contact Person Address _____ City _____ State _____ Zip Code _____

Administrative Contact Phone Number _____ Fax Number _____ Email Address _____

Since the last renewal, has any administrator, owner or officer been associated with a school that closed? Yes No

If Yes, please explain.

Since the last renewal, has the school, any administrator, owner or officer of the school been cited to cease and desist operations by any act or practice of any federal or state agency? Yes No

If Yes, please explain and list state(s).

Since the last renewal, has the school been refused approval by a federal, state, or accrediting agency? Yes No

If Yes, please explain.

List names of approvals by all federal agencies, state agencies and accrediting agencies.



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OWNER INFORMATION

Type of Ownership Entity Corporation Limited Liability Company Partnership Individual

Name of Ownership Entity _____ Date and State of Incorporation _____

Street Address _____ City _____ State _____ Zip Code _____

School Owner Name _____ Percent of Ownership _____ Telephone Number _____

Street Address _____ City _____ State _____ Zip Code _____

School Owner Name _____ Percent of Ownership _____ Telephone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Has ownership changed since previous application? Yes No

If Yes, please complete APPLICATION TO TRANSFER OWNERSHIP OF A SCHOOL (PE-21).

HOURS OF OPERATION

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

STUDENT AND PERSONNEL INFORMATION

| | |
|---|--|
| Present Enrollment | |
| Total Enrollment from January 1 to December 31 including Present Enrollment | |
| Number of Graduating Students from January 1 to December 31 | |
| Number of Full-Time Instructional Staff | |
| Number of Part-Time Instructional Staff | |



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- If your school is accredited, a copy of the certificate or letter of accreditation provided by your accrediting agency, marked Exhibit F.
- Fire inspection report indicating compliance with all fire and life safety codes. A certificate of compliance from the local health department shall be submitted for schools utilizing food/kitchen areas for instruction, marked Exhibit G.
- School catalog, bulletin, brochure, or other publication distributed to students. This document must be certified as true and correct in content and policy by the appropriate school official and must contain the following information:

**Insert
Page**

Number Catalog Requirements

- _____ Title and date of issue.
- _____ Official name of the school, its governing body, officials, and faculty.
- _____ Calendar showing legal holidays, beginning and ending dates of when classes are offered and other important dates.
- _____ Policy regarding enrollment dates, and specific entrance requirements for each course or program.
- _____ Policy regarding attendance, including but not limited to, absences, make-up work, and tardiness.
- _____ Policy regarding standards of academic progress ~ required of the student.
- _____ Policy regarding withdrawal, dismissal and re-entry.
- _____ Policy regarding transcript request.
- _____ Detailed schedule of fees, including but not limited to, charges for tuition, books, supplies, tools, student activities, laboratory fees, service charges, rentals, and deposits.
- _____ Refund policy as stated in the student enrollment form.
- _____ Outline for each program offered listing all courses in the program as well as the contact/clock or credit hours for each course.
- _____ Description for each course in a program.
- _____ Policy regarding granting credit for previous education, training and experience.
- _____ Statement regarding transfer of credits.

CERTIFICATION

I certify that the information provided on this application as submitted to the Kentucky State Board for Proprietary Education is true and correct in its entirety. In addition, I hereby pledge to follow all standards set out in KRS Chapter 165A and all rules and regulations set out in 201 KAR Chapter 40.

| | | | |
|----------------------|-------|---------------------------|------|
| School Official Name | Title | School Official Signature | Date |
|----------------------|-------|---------------------------|------|

