**CERTIFICATE OF ACCREDITATION/LICENSURE STATUS**

Please complete, sign and date this form. Attach a copy of a certified statement and any relevant reports as to the institution’s accreditation status, including whether any conditions have been imposed and whether any action has been taken toward revoking or limiting that status.

**Institution Name:** Click here to enter text. **Current Accreditation Status**: Click here to enter text.

**Name of Accrediting Body**: Click here to enter text. **Expiration Date of Current Accreditation**: Click here to enter text.

1. List all probations and/or conditions imposed upon the current accreditation:

 Click here to enter text.

1. List all revocation or other action limiting accreditation status of institution within the ten (10) years prior to this submission, regardless of the outcome of the action, and describe the reasons for the action:

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| --- | --- | --- |
| **Type of Action** | **Date of Action** | **Reason for Action** |
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1. List all denials of or proposals to deny applications for accreditation within the ten (10) years prior to this submission, regardless of the outcome of the denial, and describe the reasons for the denial:

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| **Type of Action** | **Date of Action** | **Reason for Action** |
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1. List all certifications, authorizations, and/or licenses (other than accreditation) currently held by the institution:

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| --- | --- | --- |
| **Type of Authorization/License** | **Authorizing/Licensing Body & Jurisdiction** | **Expiration Date** |
|  |  |  |
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1. List all revocations, denials of application, or other action limiting licensure, certification, or authorization (other than accreditation) during the ten (10) years prior to this application:

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| **Type of Action** | **Date of Action** | **Reason for Action** |
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