

OFFICE OF NON-RESIDENT INSTITUTIONS
Alabama Commission on Higher Education
P. O. Box 302000, Montgomery, AL 36130-2000
100 North Union Street, Suite 782, Montgomery, AL 36104-3758

Application for Exemption from Programmatic Review

Initial Application / Renewal Application

The Code of Alabama Section 46-16-1 through 10 provides that the Alabama Community College System (ACCS) has approval/licensing authority for for-profit/proprietary vocational/technical schools, non-degree granting proprietary schools, and non-accredited degree granting institutions [see <https://www.accs.edu/about-accs/private-school-licensure/>]. Licensure of institutions with headquarters or ownership outside Alabama is contingent on programmatic approval or exemption from review by the Alabama Commission on Higher Education (ACHE) by authority of the Code of Alabama [<https://admincode.legislature.state.al.us/administrative-code/300-2-1-.02>]. *Institutions that are exempt from ACCS licensure, including NC-SARA participants, are also exempt from ACHE review and do not need to submit an ACHE review application.* Otherwise, to apply for exemption from ACHE programmatic review, complete the following application and submit to NRI@ache.edu or by surface mail at the address above. No fee is payable to ACHE for this application or for exemption from programmatic review. If none of the exemption criteria below applies to the institution, complete and submit an “Application for Programmatic Review” available at [Prog_Review_Application.pdf \(ache.edu\)](#). Please note: Exemption from ACHE programmatic review does not exempt an institution from ACCS licensure.

PART I: INSTITUTION

Main Campus Name:	
Address:	
Institution OPE ID#*	Website:

**The OPE ID number is a unique 8-digit number assigned to postsecondary educational institutions that are currently/formerly participating in federal Title IV programs or that want to apply for participation. If the institution does not participate in federal Title IV programs and does not have an OPE ID number, enter “N/A.”*

PART II: EXEMPTION CRITERIA Check statements below that apply, but only one is needed for exemption:

- a. The institution is physically located within the United States of America (USA) or its territories and is accredited by a United States regional or specialized accrediting agency recognized by the United States Department of Education or Council on Higher Education Accreditation. If so, attach documentation of the institution’s location, its accreditation, and date of the most recent accreditation.
- b. The institution originated in Alabama and is now owned by an institution or corporation headquartered in another state. If so, attach documentation of the institution’s origination in Alabama and current ownership.
- c. The institution does not offer postsecondary degree programs to Alabama students. No documentation is needed for this exemption.

NOTE: For “a” and “b” above, provide documentation to verify exemption from ACHE programmatic review. No documentation is needed for “c.”

PART III: PROGRAMS. Attach a list of programs to be offered to Alabama students. For each program, state:
 (1) Modality: online, blended, or on-site;
 (2) Credential [certificate/AAS/BA/MBA/ etc.] awarded on successful completion of each program;
 (3) NCES CIP number [*National Center for Education Statistics (NCES) Classification of Instructional Programs (CIP)*].

PART IV: CERTIFICATION OF APPLICATION

In submitting this application, the state agency or governing authority certifies that participation, if any, in federal Title IV programs complies with U.S. Department of Education Program Integrity Rule, 34 CFR Part 668. [[eCFR :: 34 CFR Part 668 -- Student Assistance General Provisions](#)]

AUTHORIZED PREPARER: Institutional or corporate officer authorized to prepare and submit this application.

Name:	Email:
Title:	Phone:
Address:	

CONTACT (if different from authorized preparer):

Name:	Email:
Title:	Phone:
Address:	

PART V: AFFIDAVIT

I, _____, being duly sworn, depose and state that each of the statements in this application and all items attached to this application are true and correct to the best of my knowledge and belief.

 Signature Date

Subscribed and sworn before me this _____ day of _____, 20 ____.

Notary Public _____

County and State _____

My Commission Expires _____

*Revised 12 February 2024
 Previous editions are obsolete*