

**Organizations and Specialized Schools**

**Accreditation Program Application**

TO: AER Accreditation Council

5680 King Centre Drive, Suite 600

Alexandria, VA 22315

Email: accreditation@aerbvi.org

The organization identified below is seeking accreditation consideration and has enclosed the required processing fee as applicable: New $500/ $350 Re-Accreditation.

|  |
| --- |
| **Organization Information** |
| Name of Organization |  |
| Web Address |  |
| Telephone |  |
| Fax |  |
| Mailing Address |  |
| Billing address |  |
| **Contact Person Information** |
| Name |  |
| Title |  |
| E-mail |  |
| Department |  |
| List all programs and services offered by your organization and separate with a comma: |  |

|  |
| --- |
| **List each program that is being considered for accreditation or re- accreditation (attach additional sheet if needed):** |
| Program |  |
| Program |  |
| Program |  |
| Program |  |

**BACKGROUND INFORMATION**

**Please provide a description of the organization including a brief history, mission statement, populations served, geographic area served. If already accredited by AER Accreditation Program, please describe how any recommendations in the last review have been addressed.**

We understand that:

* Upon receipt of a copy of this Letter of Intent, a Review Panel will be selected that will be responsible for reviewing the documents/materials. When informed of the names of the specific individuals, should there be an unforeseen conflict of interest, I understand I have the right to challenge the appointment or inclusion of any member for a justifiable cause within seven days of the date of receipt of the individuals assigned to the review.
* The review process will be initiated within 30 days from the date of receipt of the required files and documentation, unless specified and or requested otherwise. I understand that after each panel member has reviewed the materials and produced a rating on each standard, the Chair of the Review Panel may request additional information to clarify adherence to all criteria. I understand that as part of this process, the Chairperson of the Review Panel will contact you to set up conference call interviews with staff, consumers and stakeholders. Up to 2 reviewers will be assigned to conduct an onsite review. I understand that travel related expenses will be reimbursed by my organization for up to 2 individuals.

 At the completion of the review process, the following determinations are possible: 1) Accreditation (five years); 2) Provisional Accreditation (one year), pending compliance with recommended revisions and changes; and 3) Accreditation Denied.

 I understand that I will receive a determination of approval status within 120 days of the receipt of the electronic files, pending no delays in the process.

 If Approval is granted, the organization will have the right to display the Accreditation Logo on its website and on other promotional materials. All data will be kept strictly confidential. AER will post on its website the names of all accredited organizations.

 The signature below indicates that the institution has met the eligibility requirements and is committed to the accreditation process described.

|  |  |
| --- | --- |
| Print Name |  |
| Signature |  |
| Date |  |

**Fee: There is a $500 application fee for a first-time accreditation and a $350 fee for a re-accreditation application.**

**Payment Information**

Check enclosed made payable to AER for $ \_\_\_\_\_\_ USD

\*Please Charge $ USD on my:

 \_\_ VISA \_\_\_MasterCard \_\_\_AMEX \_\_\_ Discover Card

No. \_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_ CSC \_\_

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*AER applies a 3% processing fee to credit card payments.