

**Application**

Applications are accepted at any time throughout the year. The accreditation process begins with the completion of an Application Form and an Information Form.

Submission of an application communicates a commitment to quality programming, intent to submit the required documents, and commitment to participate in applicable interviews and subsequent telephone calls. The application allows the institution to provide important information related to the accreditation process.

A single Higher Education Application form can be used if the institution is seeking accreditation for multiple programs. There is a $1750 application fee for the initial program. Discounted fees apply when submitting multiple programs for accreditation. See chart below.

The Application Form below, which includes the Information Form, may be emailed to accreditation@aerbvi.org. Payment by check must be mailed to: AERBVI, 5680 King Centre Drive, Suite 600, Alexandria, Virginia 22315.

|  |
| --- |
| **Application Fees** |
| Program 1 | $1,750  |
| Program 2 | $1,500  |
| Program 3 | $1,250  |
| Program 4 | $1,000  |

**Application**

Submitted to:

AER Accreditation Program

5680 King Centre Drive, Suite 600

Alexandria, VA 22315

Email: accreditation@aerbvi.org

The institution identified below is seeking accreditation consideration and has enclosed the required processing fee of $1750 for the 1st program, $1500 for the second, $1250 for the third, and $1000 as applicable.

**Please Complete**

|  |
| --- |
| **Institution Information** |
| Name of Institution |  |
| Web Address |  |
| Department |  |
| Telephone |  |
| Fax |  |
| Mailing Address |  |
|  |
|  |
| Billing address |  |
|  |
|  |
| **Contact Person Information** |
| Name |  |
| Title |  |
| E-mail |  |
| Department |  |
| **Degree Program Information- LVT, O&M, TVI, AT or VRT**  |
| Degree Program |  |
| Degree Program |  |
| Degree Program |  |
| Degree Program |  |
| Degree Program |  |

**Total Fees Submitted $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We understand that:

* Upon receipt of a copy of this Application, a 4-person 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 five (5) business days of the date of receipt of the individuals assigned to the review.
* The review process will be initiated within 45 days from the date of receipt of the above files, unless specified and or requested otherwise. I understand that after each panel member has reviewed the materials and produced a rating on each criterion, the Chair of the Review Panel or Accreditation Manager may request additional information to clarify adherence to all criteria. I understand that as part of this process, the Review Panel will contact the University Contact Person identified above to set up conference call interviews with faculty and with students in the program, and a virtual on-site visit.
* At the completion of the review process, the following determinations are possible: 1) Full Accreditation (five years); 2) Provisional Accreditation (granted to initial candidates to complete compliance within one year); 3) Probationary Accreditation (granted to candidates for re-accreditation to complete compliance within one year); and 4) Accreditation Denial. Procedures for an appeal of the determination are outlined in the *AER Council Policies and Procedures,* which is located on the accreditation website page: [https://aerbvi.org/accreditation](https://aerbvi.org/accreditation/)*.*
* I understand that I will receive a determination of accreditation status within 120 days of the receipt of the electronic files, pending no delays in the process. If full accreditation is granted, the institution will have the right to display the Accreditation Logo on its website and on other promotional materials. All data will be kept strictly confidential.
* The signature below indicates that the institution has met the eligibility requirements and is committed to the accreditation process.

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

**INFORMATION FORM**

**BACKGROUND INFORMATION – If applying for more than one program, please specify the program for each item below, if there is any variance:**

University name:

Program name:

When was the program established:

Contact person:

Street address:

Mailing address:

Telephone number for contact person:

Email address for contact person:

Current Dean:

Dean’s telephone number:

Dean’s email address:

Dean’s mailing address:

Current Department Head:

Department Head’s telephone number:

Department Head’s email address:

Department Head’s mailing address:

University url:

Department url:

Program url:

Who should be notified of the outcome of the review process?