

ACCREDITATION COMMISSION FOR HOMEOPATHIC EDUCATION IN NORTH AMERICA, ACHENA

APPLICATION FOR ADDING AN ELIGIBLE PROGRAM

Name of Institution

Address

City State/Province Zip

Phone Fax Email

Person requesting change_____

(Print Name)

Title____

Name of person to whom ACHENA mailings/correspondence should be directed:

Email address of that person:

Type of Accreditation (mark one): Programmatic or Institutional

List all programs within the institution that are currently a part of your accreditation, as well as the one(s) for which you are newly seeking approval. Note which programs are already approved by ACHENA and which are new.

Name(s) of Program(s) Hours Credits

Type of course model:

Modular (separate from foundational curriculum):

Linear Sequence within curriculum:

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REQUIRED ATTACHMENTS TO THE APPLICATION

1. Notify ACHENA in writing of the proposed changes and their relationship to the program elements in place as part of the most recent accreditation evaluation.
2. Submit appropriate fee for the change, payable to ACHENA (See appendix A.3). Applications will not be processed without payment.
3. Provide evidence that the institution has the recognition of the appropriate jurisdictional authority to administer the program and provide the credential proposed.
4. Submit current financial statements and budget showing adequate resources to begin the new program.
5. Submit a business plan including enrollment projections and revenue projections.
6. Specify how these courses, programs and/or hours relate to the institutions mission and objectives.
7. Identify the instructional staff hired to meet the additional requirements and submit the ACHENA Instructional Staff forms for each instructor (Appendix D.7) and the job description for each proposed instructor specifically identifying the qualifications and expectations of each position.
8. Identify the process the institution used in determining the need for this expansion of programming, courses and/or hours.
9. Identify the intended timeline for starting the new program and any changes to facilities or equipment necessary.
10. Following interim approval for the new program, complete an SSR which addresses the Standards with the new program as the focus. The SSR is due no later than six (6) months after the first group of students begin the program.
12. An Off-site Peer Review and On-site Visit will be conducted as applicable within twelve (12) months of the start of the program to verify compliance with the Standards.

THIS ELIGIBLE PROGRAM APPLICATION HAS BEEN SUBMITTED BY:

(Signature) School Owner or School/Program Director :

(Type name):

Date _____