Commission on English Language Program Accreditation

Application for Eligibility for CEA Accreditation

**Section 1: General information** (to be completed by all applicants)

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| --- | --- | --- |
|  | **Site Name** |  |

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| --- | --- | --- |
|  | **Site ID** | (staff use only) |

1. **Organizational Structure:**  Single Site  Multi-site

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Name of site’s CEA primary contact** | |  | |
| Position Title |  | Email |  |
| 1. **Name of authorizing administrator** | |  | |
| Position  Title |  | Email |  |

|  |  |  |
| --- | --- | --- |
|  | **Scope of Accreditation** | Institutional  Programmatic  General |

|  |  |
| --- | --- |
| 1. *For a program governed by or with a direct reporting line within a university or college* ***or*** *an institution operating on a university or college campus under an agreement (if applicable)* | |
| **Name of university or college** |  |

|  |  |
| --- | --- |
| 1. If *seeking* ***programmatic*** accreditation, name of regional or national accrediting agency for the host institution and date of next review |  |

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| --- | --- | --- | --- | --- |
|  | **Phone** |  | 1. **Fax** |  |

|  |  |  |
| --- | --- | --- |
|  | **Program/language institution general inquiry email address, if available** |  |

|  |  |  |
| --- | --- | --- |
|  | **Website** | *direct URL to program or language institution web page* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Mailing address** | |  | | | | | | |
| **City** |  | | **State** |  | **Country** |  | **Postal Code** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Physical address**   *(if different from above)* | |  | | | | | | |
| **City** |  | | **State** |  | **Country** |  | **Postal Code** |  |

1. **Auxiliary Locations**

CEA includes auxiliary locations within the grant of accreditation of an accredited site. If there are auxiliary instructional (classroom-only) locations which are part of this application, please list the physical location for each auxiliary location.

Consult *the CEA Policies and Procedures* for more information about auxiliary locations. Please contact CEA if you have questions.

1. Does the site plan to include any auxiliary location(s) in the scope of CEA accreditation? yes no

If yes, how many? \_\_\_\_\_

If yes, address) of each auxiliary location**: ­­­­­­­­­­­­­­­**

1. **Multisite program or language institution:**

After a review the *CEA Policies and Procedures* to identify whether your organization has an administrative headquarters, operates multiple branches (full-service locations) and/or operates auxiliary locations (classroom-only locations) according to CEA’s definitions, answer the questions below and provide a brief narrative explanation.

The organization operates branches at multiple locations.

Number of branches \_\_\_\_\_\_\_\_\_ (*Note*: a separate application required for each branch)

Which location is the main branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a separate administrative headquarters? yes no (does not require a separate application)

Do some branches have auxiliary locations? yes no (does not require a separate application)

**Section 2: Scope of accreditation** (to be completed by all applicants)

After reviewing the types of accreditation offered by CEA as presented in the *CEA Policies and Procedures,* please select the scope of accreditation of the applicant site*.* Please contact CEA staff if you have questions about this item.

1. **Scope of accreditation** (check one)**:** Institutional Programmatic General
2. **Program Type** (check one):

English Language Program (ELP) of fewer than 18 hours/week of instruction.

Intensive English program (IEP) of at least 18 hours/week of instruction, governed by or with a direct reporting line within an accredited university or college.

English Language program (ELP) that offers at least 12 credit hours/term of instruction, governed by or with a direct reporting line within an accredited university or college.

Intensive English program (IEP) of at least 18 hours/week of instruction, operated by an independent language school whether on or not on a university or college campus.

Other: If none of the above, describe the type of program for which you seek accreditation (Foundation English, Preparatory English, General English, US government program, or other) and the number of hours available to students per week. Please attach additional information as necessary.

1. **Programmatic accreditation** *(for U.S.-based sites onl*y)**:**

If you are applying for an English language program with a direct reporting line within the administration of universities and colleges, including community colleges, which are accredited by a regional or other institutional accrediting body, check for which of the following you will seek accreditation.

ELP only. Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IEP only. Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entire unit within which the English language program is housed. (All programs/courses within the unit must be included in the CEA review.)

IEP plus selected regularly-offered English language programs/courses within the English language unit of which the IEP is a part. (List names of programs below.)

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1. **Institutional accreditation** *(for U.S.-based sites onl*y)**:**

If you are applying for an independent language school that offers an English language program, check any of the following that also apply.

offers a intensive English language program.

offers foreign language courses in addition to English. If yes, please list language(s) here:

offers a TEFL certificate program.

offers a youth language program.

offers other courses/programs. If so, please list other courses/program(s) here:

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1. **Educational programs included in grant of accreditation**

Provide the name of each program as it appears in your print and electronic materials and indicate the type of program (English Language Program (ELP), Intensive English (IEP), Foreign Language (FL), Youth (YP), Teacher Training Certificate (TTC), or other).

*Note that sites seeking institutional accreditation must include all programs offered by the site in the accreditation review.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name (*the name you use to market/promote the program*) | Program Type | Number of hours of instruction/wk (indicate classroom hours vs. lab hours if applicable) | Mode of delivery  (in-person / distance education) |
|  | ELP IEP FL YP TTC |  |  |
|  | ELP IEP FL YP TTC |  |  |
|  | ELP IEP FL YP TTC |  |  |
|  | ELP IEP FL YP TTC |  |  |
|  | ELP IEP FL YP TTC |  |  |

**Section 3: General eligibility criteria**

1. Check all that apply to your program:

regularly offers instruction for at least 3 months of each calendar year

has a curriculum designed to serve the needs of post-secondary students who are non-native speakers of English

allows for the differentiation of participants by level and English language proficiency

has provided instruction for at least one year

1. Indicate the following and include supporting documentation with the application

* 1. date courses were first fully offered:
  2. length of each instructional period, term or session:
  3. concisely describe typical weekly course schedule of student enrolled full-time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. number of students enrolled in the past three instructional periods:

1. 2. 3.

**Section 4: Regulatory compliance**

1. **Adverse action status**

The applicant site or host institution is currently under appeal, show cause, or any other form of pending or final adverse action or special consideration by any federal, state or accrediting agency.  yes no

If yes, provide the name of the agency, the type, date and underlying reasons for the action, and anticipated or actual date of any final decisions related to the adverse action. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Current SEVP status** *(for U.S.-based sites only)*

The applicant program/language institution is a SEVP-certified organization:  yes no

If yes, submit a copy of the I-17 with this application.

1. **Current accreditation status** *(for U.S.-based sites only)*
2. For an IEP or ELP governed by a college or university which is accredited by a U.S. accrediting agency recognized by the U.S. Department of Education, submit a copy of the institution’s accreditation letter.
3. For an independent language institution (including multisite organizations), check as appropriate:

The school/institution is not currently accredited.

The institution is currently accredited. If so, attach copy of letter of accreditation.

The school/institution (or any of its affiliated sites) has been denied accreditation or had its accreditation withdrawn by a nationally recognized agency. If so, attach copy of denial/withdrawal letter.

The school/institution (or any of its affiliated sites) has been accredited under a name other than the current name. If so, please submit the previous name and location.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Corporate structure/licensure** *(for U.S.-based sites seeking institutional accreditation only)*
2. Include a copy of documents of incorporation.
3. Is the institution required to have any type of licensure? yes no

If yes, enclose a copy of current license(s) to operate for each site and provide the name of the agency; address; contact person; title; expiration date of license(s) for each site.

1. Is the institution required to have state authorization or waiver? (*for U.S.-based sites onl*y) yes no

If yes: Name of state licensure agency

Include a copy of authorization or letter specifying waiver or exemption.

1. Tax Identification No. (for U.S. only)

If you have questions about the eligibility requirements or about any part of this form, please contact Rachel Herman, Accreditation Process and Technology Manager at [rherman@cea-accredit.org](mailto:rherman@cea-accredit.org) or call CEA at (703) 665-3400.

Submit application form and supporting documents to [info@cea-accredit.org](mailto:info@cea-accredit.org),

or use the secure upload link - <https://ceaaccredit.sharefile.com/r-ra21aaba009434860a4adbf8dcb258614>

|  |  |
| --- | --- |
|  | Commission on English Language Program Accreditation 1001 North Fairfax Street, Suite 630Alexandria, VA 22314 (703) 665-3400 |

**Section 5: Attestation**

The form must be signed and submitted by the authorizing administrator listed on this application form.

I certify that:

I have read the *CEA Standards for English Language Programs and Institutions,* am aware of what the standards require for the English program as well as for the foreign language, teacher training or youth programs, if any, and am ready to move forward with the accreditation process.

I have read the portions of the *CEA Policies and Procedures* that relate to multisite institutions, auxiliary locations, and international locations, if applicable.

The information in this application is true and correct to the best of my knowledge.

Funds are available to carry out the accreditation activities. I understand I will be invoiced for the eligibility application fee after this application has been submitted.

I confirm that the applicant site has been in operation for at least one year prior to submitting this application.

I understand that approval of eligibility does not constitute accreditation, nor does it guarantee a positive accreditation outcome.

I confirm that the applicant site or host institution is not currently under appeal, show cause, or any other form of adverse action (including denial of accreditation) or special consideration by any federal, state or accrediting agency or that I have appropriately disclosed to CEA the circumstances regarding this adverse action as indicated above.

If SEVP-certified, I confirm that the applicant program or institution operates according to U.S. requirements for providing instructional services to international students.

Signature of authorizing administrator

Title Date

**Application fee payment**

After your application for initial eligibility has been received by CEA and reviewed for completeness by staff, an invoice for the application fee will be prepared and emailed to the primary contact listed on this application form.

Please address any questions about the invoice or payment options to CEA Finance and Operations, at [finance@cea-accredit.org](mailto:finance@cea-accredit.org).

**Section 6: Required Documentation**

This checklist is provided to ensure that all necessary documentation has been included with this application.

All information must be submitted in English. Materials should be submitted electronically to CEA (https://ceaaccredit.sharefile.com/r-ra21aaba009434860a4adbf8dcb258614).

*Note: For multisite locations using common materials at each location (marketing materials, curriculum, etc.), submit one copy of the common materials.*

\_\_\_\_\_ Evidence that the program is post-secondary

\_\_\_\_\_ Evidence that the curriculum allows for the differentiation of participants by level and proficiency

\_\_\_\_\_ Evidence that instruction is offered on an ongoing basis for at least 3 months of a calendar year

\_\_\_\_\_ Evidence of all educational offerings

\_\_\_\_\_ Evidence of date courses were first fully offered

\_\_\_\_\_ Length of each instructional period, term or session

\_\_\_\_\_ Number of students enrolled in the past three instructional periods

Mission

\_\_\_\_\_ Copy of mission statement

Information materials

\_\_\_\_\_ Copies of brochure(s), web pages, or other marketing materials, with relevant information about the program or school

\_\_\_\_\_ School calendar specifying the length of each instructional period and a weekly schedule or timetable

\_\_\_\_\_ Weekly schedules of class offerings, or sample weekly schedule for student enrolled full-time

\_\_\_\_\_ Physical location (i.e., address) of all locations where the applicant site operates

Curricular materials

\_\_\_\_\_ English program curricular materials (e.g., curriculum guide, scope and sequence document, course syllabi or other documents for all courses and levels offered for each educational program)

\_\_\_\_\_ Curriculum overview for other courses offered (teacher training, foreign language), if any

Faculty

\_\_\_\_\_ Materials showing faculty hiring requirements (e.g., job postings, job descriptions, faculty handbook)

\_\_\_\_\_ List of current faculty with name, relevant degree, number of years working for you, number of years in the field

Facilities

\_\_\_\_\_ Floorplans, photographs, or other description of facilities

Administrative structure

\_\_\_\_\_ Organizational chart

\_\_\_\_\_ Description of operational relationship with other entities

Student services

\_\_\_\_\_ List of services available to students

Other

**\_\_\_\_\_** Evidence of institutional accreditation, if applicable

**\_\_\_\_\_** Copy of the I-17, if applicable

\_\_\_\_\_ Copy of corporate structure/licensure documents, if applicable

**\_\_\_\_\_** Copy of state licensure or waiver documents, if applicable

**\_\_\_\_\_** Documentation of any appeal, show cause, or any other form of pending or final adverse action or special consideration by any federal, state or accrediting agency, if applicable