[Idaho Code, Title 33, Chapter 24](https://legislature.idaho.gov/statutesrules/idstat/Title33/T33CH24/), requires each postsecondary educational institution with a physical presence in Idaho to register annually with the Idaho State Board of Education. The Administrative Rules pertaining to postsecondary educational institutions in Idaho may be found at [IDAPA 08.01.11](https://adminrules.idaho.gov/rules/current/08/080111.pdf). Please review the statutes and rules applicable to postsecondary educational institutions before completing this form.

1. Check one:

□ Application for initial postsecondary educational institution registration

* Projected opening date

□ Renewal of existing postsecondary educational institution registration (due May 1, 2019)

1. Person completing this application and contact information (please include name, title, email and phone)

1. **Institution Identification:** Name:

Street Address, include city, state, zip:

Mailing Address (if different):

Email: Fax:

Telephone: Web Address:

4 List all institution chief officers (e.g. president, board chair, director, chief academic officer(s), chief fiscal officer or other official) include names, titles, emails and phone numbers:

5. List all institution locations in Idaho and identify the head officer at each location:

6. Please provide a complete list of all educational programs, courses of study and apprenticeship programs offered (degrees & certificates). Provide a listing of each proposed course(s) of study, degree(s), certificate(s) and apprenticeship program(s) that your institution intends to offer in Idaho during this upcoming registration year (July 1, 2019 – June 30, 2020). For new programs/program additions, please include accreditor’s and/or licensure board’s, program approval letter and anticipated start date(s).

7. Past Student enrollment numbers, according to your institution’s last fiscal year (FY18).

|  |  |  |
| --- | --- | --- |
|  | (last year) | (2 years ago) |
| Total number of students enrolled: |  |  |
| Total number of students who completed their program |  |  |
| Percentage of students who completed the program started |  |  |

**Attach copies of the following documents:**

1. Copy of the most recent accreditation letter showing the approval period.
2. Copy of annual audited financial statement or other financial instrument.
3. Tuition revenue documentation – Must substantiate total tuition revenue reported (tuition revenue & refunds) for previous tax reporting year (January 1 through December 30, 2018). Document may be excel, Quicken report or other financial report format, however must show tuition revenues & refunds in monthly or quarterly format. Annual report of one lump sum is not acceptable.

*If this is your institution’s initial registration, please estimate anticipated tuition revenue for this registration cycle*. *Please include worksheet & formula(s) used to calculate projection, include estimated student enrollment and tuition* schedule.

1. Submit copies of all materials used to solicit students or provide web link(s).
2. Annual registration fee must accompany this application for registration to be processed. The registration fee is .5% of gross Idaho tuition revenue for the prior tax year (Jan 1 – Dec 31), *not less than $100 and no more than $5,000.* If this is the first year of registration, the fee shall be calculated based on estimated gross tuition revenue. Registration fees are nonrefundable.

|  |  |
| --- | --- |
| **Total Tuition Revenue Received** for Jan 1, 2018 through Dec 31, 2018 | **$** |
| **Minus Total Refunds** (by end of year cut-off date) **(-)** | **$** |
| (Gross Idaho Tuition Revenue) **GITR** | **$** |
| GITR multiplied by .005 | **$** |
| Enclosed Registration Fee = GITR times .005 ($100 minimum, $5000.00 maximum) | **$** |

**I hereby certify that all data and information submitted with or accompanying this application is, to the best of my good faith and knowledge, true and correct in all aspects.**

SIGNATURE (Principal Official for Idaho operations) DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME TITLE

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***PLEASE MAIL THIS SIGNED REGISTRATION FORM, REGISTRATION FEE AND ALL REQUIRED DOCUMENTS TO****:*

Attn: Private Postsecondary & Proprietary School Coordinator

Office of the State Board of Education

P. O. Box 83720

650 West State Street, Suite 307

Boise, ID 83720-0037

All checks are to be made payable to the State Board of Education. **All SHIPMENTS sent through the USPS, must include PO Box.**