# Postsecondary Educational Institution Registration Renewal Form

The state of Idaho requires each postsecondary educational institution with a physical presence in Idaho to register annually with the Idaho State Board of Education. Please review the relevant statutes (<u>Idaho Code §33-24</u>) and administrative rules (<u>IDAPA 08.01.11</u>) prior to completing this form. Submission of a non-refundable, annual registration fee is required prior to processing of this renewal application. Renewal applications and fees for the upcoming fiscal year are due on the first business day of May.

#### Instructions

- 1. Complete the fillable form fields below. The form functions best using Adobe Reader (available free online.)
- 2. Gather the required attachments.
- 3. Ensure that the form is signed by an appropriate official. We cannot accept electronic signatures at this time. Scanned wet signatures are acceptable.
- 4. Combine your completed form and attachments into no more than three (3) PDF documents.
- 5. Submit your completed form and attachments by email to <a href="mailto:tamara.baysinger@osbe.idaho.gov">tamara.baysinger@osbe.idaho.gov</a>.
- 6. Mail your non-refundable, annual registration fee (payable to the Idaho State Board of Education) to:

Idaho State Board of Education Attn: State Authorization Program Manager PO Box 83720 Boise, ID 83720-0037

Thank you for your engagement in the annual registration renewal process. Please direct any questions to Tamara Baysinger, State Authorization Program Manager, at (208) 332-1587 or <a href="mailto:tamara.baysinger@osbe.idaho.gov">tamara.baysinger@osbe.idaho.gov</a>.

Postsecondary Educational	Institution Information		
Institution Name			
Mailing Address			
Website URL			
Primary Contact for State Re	gistration Purposes	Email	Phono

Accrediting Body:

Dates of Current Accreditation Term (MM/DD/YY - MM/DD/YY):

Has your	institution	's nhysical	location	changed?
mas vour	institution	i s privsicai	iocation	changed:

No

Yes (specify below)

Please list all changes regarding physical locations in Idaho. Attach additional pages if necessary.

Type of Change (Add/Remove)	Physical Address	Head Officer	Email & Phone

Have your institution's	chief officers	changed?
-------------------------	----------------	----------

No

Yes (specify below)

Please list all officers including president, board chair, CAO, and CFO. Attach additional pages if necessary. IDAPA 08.01.11.200.05.a.ii

New Officer? (Yes/No)	Name	Title	Email & Phone

Please list all Idaho courses and programs. Attach additional pages if necessary.

New Course? (Yes/No)	Course or Program Title	New Course / Program Length (Hours / Weeks / Months)	New Course / Program Outcome (Degree / Certification / Licensure)

## **Idaho Enrollment**

Complete the following Idaho enrollment chart. Include all courses/programs, even if enrollment was zero.

Course / Program Title	Enrollment 2 Years Ago	Enrollment Last Year	Enrollment Current Year
	2 100137.80	zast rear	current rear

#### **Registration Fee**

Please complete the following chart to calculate your non-refundable annual registration fee. Only tuition and refunds for Idaho students for the most recent tax year (Jan 1 – Dec 31) should be reflected. IDAPA 08.01.11.101.d

Idaho Tuition Received	
Idaho Refunds Issued	
Gross Idaho Tuition Received (GITR)	
Registration Fee (.5% of GITR, but not more than \$100 or less than \$5,000)	

Please pay the exact amount calculated, without rounding up or down. Note that if your calculated fee is less than \$100, you should pay the minimum of \$100. If your calculated fee is more than \$5,000, you should pay the maximum fee of \$5,000.

Amount of fee paid

Date check was mailed

### **Required Attachments**

Attached

N/A

By checking N/A, the institution certifies that all information submitted in a previous registration year remains current.

Required

Financial documentation to substantiate Idaho tuition, fee, and refund information reported above. Please ensure that your documentation clearly shows tuition and revenue amounts that: IDAPA 08.01.11.101.01.d

- Match those reported in your GITR calculation above and
- Are distinct from other sources of revenue and refunds, including those from activity in other states.

Required

Copy of annual audited financial statement IDAPA 08.01.11.200.05.a.iv

Required

Copy of most recent accreditation letter showing the period of approval IDAPA 08.01.11.200.05.a.v

Idaho course and program information, including any advertising materials used to solicit students, including URLs, and other information to assist students in making an informed decision to enroll; for courses or programs which require clinical, practicum or internship components, copies of information provided to students regarding the number and locations of clinical, practicum or internship positions available; and disclosures provided to prospective students regarding any courses of courses of study that have not been fully accredited, including accreditation status and anticipated date for full accreditation. IDAPA 08.01.11.200.05.vi

## Please acknowledge that you have reviewed the following reminders:

The institution must remain in compliance with Idaho Code §33-24 and IDAPA 08.01.11 throughout the registration year. IDAPA 08.01.11.102.02

If any information contained in this application becomes incorrect or incomplete, the institution shall notify the Board office of such change within thirty (30) days. An institution that ceases operation during the course of a registration year shall immediately inform the Board office of this event. IDAPA 08.01.11.102.06.c

The registration year ends June 30. Renewal is not automatic. Renewal applications are due on the first business day of May, and processing may take up to 30 days. Institutions that do not adhere to this schedule and whose renewals are not processed by July 1 must cease all active operations until approval of registration is received. IDAPA 08.01.11.101.a

I hereby certify that all data and information submitted with or accompanying this application is, to the best on my good faith and knowledge, true and correct in all aspects.		
Signature* (Principal Official for Idaho Operations)	Date	
Printed Name	Title	

\*Please note that we cannot accept electronic signatures.