



ANNUAL RENEWAL APPLICATION FOR EXISTING PRIVATE BUSINESS AND VOCATIONAL SCHOOLS APPROVED TO OPERATE IN ILLINOIS

COVER PAGE

SCHOOL INFORMATION:

Legal Business Name of Institution and DBA (if applicable): _____

Phone: _____ FAX: _____

School Website Address: _____

School President/CEO/Campus Administrator: _____

Title: _____ E-mail: _____

Main Campus Address: _____

City: _____ State: _____ Zip Code: _____

Total Institution Size:

The total institution size equals the total number of students enrolled in all programs or courses of study (including all degree programs, diploma/certificate programs, and courses of study, etc.) offered by the institution in Illinois and all other states.

Indicate Your Total Institution Size:

- <100 Students
- 100-399 Students
- 400-699 Students
- >700 Students

OPE ID Number: The OPE ID is an identification number assigned and used by the U.S. Department of Education's Office of Postsecondary Education (OPE) to identify schools that have [Program Participation Agreements \(PPA\)](#) so its students are eligible to participate in Federal Student Financial Assistance programs under Title IV regulations. This is a 6-digit number followed by a 2-digit suffix used to identify branches, additional locations, and other entities that are part of the eligible institution.

Indicate if the institution has an OPE ID Number:

- Yes, the OPE ID number is: _____
- No. The institution does not have an OPE ID number.

OWNER INFORMATION:

Owner names(s): _____

Phone: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

OTHER CONTACT INFORMATION:

Application Contact Person: _____ Title: _____

Phone: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

STATEMENTS OF ASSURANCE:

1. According to Section 55 of the Private Business and Vocational Schools Act of 2012, Maintenance of Approval, institutions covered under this Act must act in an ethical manner to receive and maintain approval. The administrator of the Institution for which this Annual Renewal application is being submitted assures the Institution (parent company, owners, governing board, board members, and senior administrators) performs in an ethical manner.
 - a. Is there any legal action against the institution, its parent company, owners, governing board, or board members? No Yes If yes, provide details in a separate document and submit with the application.
 - b. Do any of the governing board members, owners, or senior administrators have a felony criminal record? No Yes If yes, provide details in a separate document and submit with the application.

Administrator Signature	Title	Date
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2. The administrator of the Institution for which this Annual Renewal application is being submitted assures the Institution will continue to be maintained and operated in compliance with all local, state, and federal ordinances and/or laws for use as an educational facility.

Administrator Signature	Title	Date
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3. The administrator of the Institution for which this Annual Renewal application is being submitted assures the qualifications of administrators, instructors, and staff of the Institution meet the standards required by accrediting, licensing, and certifying bodies if applicable; and the education, experience, and other qualifications of administrators, instructors, and staff shall reasonably ensure students will receive education consistent with the objectives of the program of study and/or course of instruction.

Administrator Signature	Title	Date
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4. The administrator of the Institution for which this Annual Renewal application is being submitted assures the Institution has a fully executed, continuous surety bond in place and the amount of the bond accurately reflects student enrollment and cumulative unearned prepaid tuition.

Administrator Signature	Title	Date
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Authorization:

The undersigned hereby verifies that the information provided in this application is true, complete, and correct to the best of his or her knowledge; and that he or she has the authority to submit this application on behalf of the Institution; and that he or she is an authorized representative of said Institution.

Name: _____

Title: _____

Signature: _____

Subscribed and sworn to before me this ____ day of _____, AD., 20__.

Notary Public: _____

The Illinois Board of Higher Education has the responsibility for granting permits of approval to postsecondary institutions wishing to operate in the State of Illinois. Materials submitted in this application should represent and establish the conditions under which a permit of approval may be granted. The information requested in this application is in accordance with the rules to implement the "Private Business and Vocational Schools Act of 2012 "(Public Act 97-650). The completed application should be submitted to:

PBVS Division
Illinois Board of Higher Education
1 N. Old State Capitol Plaza, Suite 333
Springfield, IL 62701