

**Alabama Commission on Higher Education  
Office of Non-Resident Institutions**

## Application for Exemption from Alabama Programmatic Review

Complete the following application and submit the original application by mail to the Alabama Commission on Higher Education along with an email copy to [nri@ache.edu](mailto:nri@ache.edu) or electronic copy on flash drive, SD card, CD, or similar device.

### PART I: EXEMPTION CRITERIA

1. \_\_\_\_\_  
Main Campus Name
2. \_\_\_\_\_  
Mailing Address
3. \_\_\_\_\_  
Institution OPE ID#<sup>1</sup>

Check the applicable statement(s):

- a.  The institution is exempt from Alabama licensure. If so, attach documentation of the exemption <https://www.accs.edu/about-accs/private-school-licensure/approval-process/>.
- b.  The institution is a member of NC-SARA. If so, attach documentation of the membership.
- c.  The institution is physically located within the United States of America (USA) or its territories and is accredited by a United States regional or specialized accrediting agency recognized by the United States Department of Education or Council on Higher Education Accreditation. If so, attach documentation of the institution's location, its accreditation, and date of the most recent accreditation.
- d.  The institution originated in Alabama and is now owned by an institution or corporation headquartered in another state. If so, attach documentation of the institution's origination in Alabama and current ownership.
- e.  The institution does not offer postsecondary degree programs to Alabama students.

**NOTE:** If any item above is checked, provide documentation as noted to verify exemption from ACHE programmatic review. No fee is payable to ACHE by exempt institutions. Institutions not eligible for exemption must complete an "Application for Programmatic Review" available at <http://ache.edu/NRI.aspx>.

---

<sup>1</sup> The OPE ID number is a unique 8-digit number assigned to postsecondary educational institutions that are currently/formerly participating in federal Title IV programs or that want to apply for participation.

**PART II: CERTIFICATION OF APPLICATION**

In submitting this application, the state agency or governing authority certifies that the programs proposed comply with the U.S. Department of Education Program Integrity Rule, 34 CFR Part 668.

[\[https://ifap.ed.gov/fregisters/attachments/FR103015FinalRuleProgramIntegrityandImprovement.pdf\]](https://ifap.ed.gov/fregisters/attachments/FR103015FinalRuleProgramIntegrityandImprovement.pdf)

AUTHORIZED PREPARER: Institutional or corporate officer authorized to prepare and submit this application.

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

Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**PART III: AFFIDAVIT**

I, \_\_\_\_\_, being duly sworn, depose and state that each of the statements in this application and all items attached to this application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County and State

\_\_\_\_\_  
My Commission Expires