



**ACCREDITATION APPLICATION FORM**

The following institution would like to pursue the process for receiving accreditation from the Pennsylvania State Board for Vocational Education for Pennsylvania Public Postsecondary Vocational Education

<b>Name of Institution:</b>
<b>Contact Person:</b>
<b>Position:</b>
<b>Mailing Address:</b>
<b>City, State, Zip:</b>
<b>Phone Number:</b>
<b>Fax Number:</b>
<b>E-Mail Address:</b>
<b>Web Address:</b>

For current Academic Year 20 \_\_\_\_ / 20 \_\_\_\_

Number of Programs of 300 hours in length \_\_\_\_\_

Number of Programs of 600 or more hours in length \_\_\_\_\_

For next Academic Year 20\_\_\_\_ / 20 \_\_\_\_

Number of projected programs of 300 hours in length \_\_\_\_\_

Number of projected programs of 600 or more hours in length \_\_\_\_\_

Is the institution's adult education program(s) currently accredited? \_\_\_\_\_

If yes, with which accrediting agency \_\_\_\_\_

When does accreditation expire? (Month/year) \_\_\_\_\_

The information and data submitted herewith is correct and current to the best of my knowledge.

\_\_\_\_\_  
Signature/Chief Administrative Officer \_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Signature/Adult Education Coordinator \_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address