



**WE ARE A LEADER  
WE WORK WITH LEADERS**



**APPLICATION FOR ACCREDITATION (BUSINESSES)**

**1. BUSINESSEE INFORMATION:**

\_\_\_\_\_  
BUSINESS NAME ESTABLISHMENT DATE

\_\_\_\_\_  
BUSINESS PHYSICAL ADDRESS

\_\_\_\_\_  
CITY STATE COUNTRY ZIP CODE

\_\_\_\_\_  
TELEPHONE FAX

\_\_\_\_\_  
WEBSITE ADDRESS E-MAIL ADDRESS

NATURE OF BUSINESS AND ACTIVITIES:

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

**2. FORM OF BUSINESS ORGANIZATION:**

- INDIVIDUALLY OWNED       SOLE PROPRIETORSHIP       GENERAL PARTNERSHIP
- LIMITED PARTNERSHIP       FOR PROFIT CORPORATION
- NON-PROFIT CORPORATION       LIMITED LIABILITY CORPORATION

\_\_\_\_\_  
STATE/COUNTRY WHERE INCORPORATED DATE OF INCORPORATION

PLEASE ATTACH COPIES OF THE ARTICLES OF INCORPORATION AND BYLAWS

**3. AGENT FOR SERVICE OF PROCESS**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

I confirm my contact information listed above and acknowledge that I am the designated agent for service of process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**4. ORGANIZATION AND MANAGEMENT**

Include an organization chart that shows the governance and administrative structure of the institution and the relationship between faculty and administrative positions.

Document(s) is (are) attached:  Yes  No

Provide a description of the job duties and responsibilities of each administrative and faculty position.

Document(s) is (are) attached:  Yes  No

Identify the chief executive officer, chief operating officer, and chief academic officer and describe their education, experience, and qualifications to perform their duties and responsibilities.

Document(s) is (are) attached:  Yes  No

**5. GOVERNING BOARD**

If the institution has a governing board, include the name, e-mail address, work address and telephone number of each member of the governing board.

Document(s) is (are) attached:  Yes  No

**6. MISSION AND OBJECTIVES**

Describe in detail the institution's mission and objectives

Document(s) is (are) attached:  Yes  No

**7. FINANCIAL RESOURCES AND STATEMENTS**

Submit current Financial Statements along with this Application.

Document(s) is (are) attached:  Yes  No

**8. ADVERTISING AND OTHER PUBLIC STATEMENTS**

Include copies of advertising and other statements disseminated to the public in any manner by the business or its representatives that concern, describe, or represent the business and its activities.

Document(s) is (are) attached:  Yes  No

If advertising is broadcasted by television or radio, include a copy of the script.

Document(s) is (are) attached:  Yes  No

**9. FACILITIES & EQUIPMENT**

Describe the facilities and the equipment, which is available for use by staff at the main, branch, and satellite locations of the business.

Document(s) is (are) attached:  Yes  No

For facilities that are leased or rented, include the name and address of the lessor or landlord, together with a copy of any use, lease, or rental agreements for the facilities.

Document(s) is (are) attached:  Yes  No

Include building diagrams and maps.

Document(s) is (are) attached:  Yes  No

**10. SELF MONITORING PROCEDURES**

Describe the procedures used by the institution to assure that the institution is operated and maintained in compliance with the ACIEI regulations.

DOCUMENT IS ATTACHED:  YES  NO

**11. THIS APPLICATION IS FOR (CHECK ONE, AS NECESSARY):**

NEW ACCREDITATION  MAIN  BRANCH  SATELLITE LOCATION

**12. THE BUSINESS CURRENTLY IS ACCREDITED BY ANY ACCREDITATION AGENCY?**

YES  NO

**IF YES:**

ACCREDITATION STATUS

EXPIRATION DATE:

NAME OF ACCREDITATION ORGANIZATION:

ADDRESS:

PHONE NUMBER: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

**13. ONLINE:**

ANY PRODUCTS OR PORTIONS OF PRODUCTS ARE OFFERED BY ONLINE?  YES  NO

1) \_\_\_\_\_  
PRODUCT NAME

\_\_\_\_\_  
DESCRIPTIONS

2) \_\_\_\_\_  
PRODUCT NAME

\_\_\_\_\_  
DESCRIPTIONS

3) \_\_\_\_\_  
PRODUCT NAME

\_\_\_\_\_  
DESCRIPTIONS

4) \_\_\_\_\_  
PRODUCT NAME

ACCREDITATION COUNCIL  
FOR INTERNATIONAL BUSINESSES & PROFESSIONALS

**14. DESCRIPTION OF EDUCATIONAL AND TRAINING PROGRAM FOR MANAGEMENT AND STAFF**

DOCUMENT IS ATTACHED:  YES  NO (IF NO, INDICATE REASON)

**15. DESCRIPTION OF LANGUAGES OTHER THAN YOUR NATIVE LANGUAGE?**

DOCUMENT IS ATTACHED:  YES  NO (IF NO, INDICATE REASON)

**16. YOUR BALANCE SHEET FOR THE PAST 3 YEARS**

YEAR 1)

YEAR 2)

YEAR 3)

**17. HAS BUSINESS ACCREDITATION EVER BEEN DENIED INITIALLY?**

YES       NO      IF YES, PLEASE EXPLAIN:

**18. HAS BUSINESS ACCREDITATION APPLICATION EVER BEEN CANCELED/DECLINED (DENIAL, RELINQUISHMENT, REVOCATION, SUSPENSION, WITHDRAWAL) BY ACIBP OR ANY OTHER ACCREDITATION AGENCY?**

YES       NO      IF YES, PLEASE EXPLAIN:

**19. IS BUSINESS APPROVED, LICENSED OR ACCREDITED BY ANY PROFESSIONAL ORGANIZATIONS?**

YES       NO      IF YES, PLEASE EXPLAIN:

**20. ADDITIONAL INFORMATION**

Include any material facts, which have not otherwise been disclosed in the application that without inclusion would cause the information in the application to be false, misleading or incomplete or that might reasonably affect the **ACIBP**'s decisions.

DOCUMENT IS ATTACHED:       YES       NO

The Business may also include any other facts that the institution would like the **ACIBP** to consider in deciding whether to grant an accreditation.

DOCUMENT IS ATTACHED:       YES       NO

**21. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE, TO THE BEST OF MY KNOWLEDE**

***I declare under penalty of perjury under the United State of America and \_\_\_\_\_ laws that the foregoing and all attachments are true and correct.***

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND COMPLETE. I AGREE THAT IF SUCH INFORMATION, OR ANY OTHER INFORMATION UPON WHICH MY ADMISSION IS BASED, IS NOT TRUE OR COMPLETE, THE ACIET MAY RESCIND MY APPLICATION FOR ACCREDITATION. I FURTHER AGREE THAT, IF OUR INSTITUTION ACCEPTED, WE WILL ABIDE BY THE RULES AND REGULATIONS OF THE ACIET INCLUDING, BUT NOT LIMITED TO, THOSE RULES CONTAINED IN THE CURRENT ACIET CATALOG AND HANDBOOKS. I UNDERSTAND THAT ALL OFFICIAL DOCUMENTS SUBMITTED FOR ACCREDITATION CONSIDERATION BECOME THE PROPERTY OF THE ACIET AND WILL NOT BE FORWARDED TO ANOTHER INSTITUTION/ORGANIZATION NOR RETURNED TO ME. I ALSO UNDERSTAND THAT ACCEPTANCE TO ACIET IS SUBJECT TO VERIFICATION OF FINAL RECORDS FROM ALL INSTITUTIONS, ORGANIZATION I AND ENTITIES.

**PUBLISHING PERMISSION:** I DO HEREBY GRANT OUR INSTITUTION PERMISSION FOR ACIET TO PUBLISH OUR NAME AND CREDENTIALS IN ACIET'S CATALOG, WEBSITE, AND OTHER ACIET PUBLICATIONS.

\_\_\_\_\_  
NAME OF CHIEF EXECUTIVE OFFICER

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Owing \_\_\_\_\_%,       Member, Board of Directors       General Partner

**I:**

Name

Address

City

State/Country

Zip

Signature

Date

Owing \_\_\_\_\_%,

Member, Board of Directors

General Partner

Other

**II:**

Name

Address

City

State/Country

Zip

Signature

Date

Owing \_\_\_\_\_%,

Member, Board of Directors

General Partner Chairman

Other

**III:**

Name

Address

City

State/Country

Zip

Signature

Date

Owing \_\_\_\_\_%,

Member, Board of Directors

General Partner

Other

*ACIB/CCIBP do not unlawfully discriminate on the basis of race, color, national or ethnic origin, religion, age, sex, handicap or prior military service in administration of its accreditation policies, admission, program or activities.*