

Name of Organization _____

Administrative Address _____

List all Physical Location(s) (Where Instruction Takes Place)

Main Administrative Phone _____

Public Email address _____

Public Website _____

Organization Legal Type _____

Date Chartered / Authorized to Operate (*Attach documentation*) _____

Head of Governance Body or Owner (*Attach documentation*) _____

Chief Executive Officer _____

Head of Faculty _____

Lead Person with whom ICAA will conduct direct correspondence for accreditation
(*include phone and email*) _____

Name and title of additional team members assisting with Accreditation

Course(s) of study requesting to be accredited (Please provide a description of
each course of study, including duration of program(s), and ending designation of
degree or certificate offered. Chart on the last page if more space needed)
(*Attach documentation/marketing materials showing the course study*) _____

Does the organization employ distance education as part of any of its program?

If yes, please briefly describe _____

Payment method and amount (Check or money order) _____

Attestation: I hereby attest to the accuracy and completeness of this document and of all attached materials. I certify that I have reviewed the current Standards of Accreditation and I hereby attest that the institution/program(s) is(are) willing to abide by the ICAA Standards of Accreditation, policies, and procedures should accreditation be granted.

(CEO Signature)

(Date)

(Print Name)

[illegible]