

National Accreditation Council - Facility Profile - Page 1

USE ADDITIONAL PAPER IF NEEDED. PLEASE WRITE LEGIBLY.

Name of Facility / Organization _____
Legal Name of Facility / Organization _____
Physical Address _____
Mailing Address _____
City, State, ZIP _____
Contact Person / Title _____
Facility Telephone Number _____
Mobile Number _____
E-Mail Address _____
Do you have a website? _____
Website Address _____
Legal Structure (Corp / Partnership / Sole Proprietor) _____
Officers Names and Titles _____

Licenses Held for City / County / State _____

Total Enrollment _____
Student / Teacher Ratio _____
Curriculum _____
Extra Curricular Activities _____
Fees / Tuition _____
Religious Affiliations _____
Academic Affiliations _____
Transportation Provided to Students? _____
Vehicles Owned - Size & Type _____
Summer Program _____
Meals Provided / Cafeteria _____
Describe Your Facility / Size / Age of Buildings _____

Do you own your building(s) or rent? _____

National Accreditation Council - Facility Profile - Page 2

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Admission Requirements _____

Ages of Students / Grades Served _____

Years in Operation _____

Top issues that concern you as a Provider: _____

Administrator - Tell us about yourself. _____

Tell us about your education and experience: _____

Why are you looking to be accredited? _____

How did you learn of National Accreditation Council? _____

National Accreditation Council - Facility Profile - Page 3

Your Facility will be accepted for Accreditation if this Facility Profile is 100% complete, legible and verifiable. Allow 3 to 4 weeks to receive your Certificate of Accreditation.

Signed below, I verify that all information is true and correct.

Print Name / Title

Signature

Date Submitted

Make check or money order payable to National Accreditation Council, LLC

1 year Accreditation \$350.

3 years Accreditation \$900.

Payment by Credit Card available via PayPal Payment Center on our website.

Send completed Facility Profile with remittance to:

NAC Executive Offices
PO Box 558
Windermere, Florida 34786 - 0558

321-800-6363



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