

Texas Higher Education Coordinating Board (THECB)

Application for a Certificate of Authorization

To be eligible for a Certificate of Authorization, an institution must:

- be accredited by a [THECB-recognized accreditor](#);
- offer degrees or courses leading to degrees at or from a physical location in Texas; and
- not meet the definition of an institution of higher education contained in [Texas Education Code 61.003](#).

Review and Expiration of Certificate:

THECB staff will verify information and accreditation status. Upon determination that an institution is in good standing with its THECB-recognized accreditor, has sufficient financial resources, and, if applicable, has provided sufficient documentation of correcting accreditation or financial issues, THECB will provide a Certificate of Authorization to offer in Texas those degrees or courses leading to degrees for which the institution is accredited. If an institution is only providing clinicals or internships in the state of Texas, a Certificate of Authorization will be issued for the institution to offer, in the state of Texas, identified clinicals or internships in connection with those degrees or courses leading to degrees for which the institution is accredited.

Certificates of Authorization are subject to annual review for continued compliance with the THECB-recognized accreditor's standards of operation, program offerings, student complaint processes, financial viability, and accurate and fair representation in publications, advertising, and promotion.

Certificates of Authorization for institutions only providing clinicals or internships in the state of Texas expire at the end of the clinical/internship, one year, or at the end of the grant of accreditation by the THECB-recognized accreditor, whichever date comes first.

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Certificates of Authorization for Texas-based campuses which are provisionally-granted based on their main campus' accreditation expire at the end of fifteen (15) months. Provisional certificates may only be used to gain final accreditor or Texas Workforce Commission approval.

Administrative Rules:

Applicants should review Texas Administrative Code, Title 19, Part I, Chapter 7, Subchapter A, Rule 7.7 for additional information regarding Certificates of Authorization.

Instructions

The following information is required for an institution requesting a Certificate of Authorization. Failure to complete the application and provide all supporting documentation may result in delays or denial to issue a Certificate of Authorization.

All supporting documentation should be attached at the end of the application. Use check boxes throughout the application to identify attachments. The Certificate of Authorization Institution Portal is here.

For assistance contact THECB:

- Administrative rule requirement questions: 512.427.6527;
- Application completion questions: 512.427.6524.

Submit the completed application through the [Certificate of Authorization Institution Portal](#).

Basis for Application

Institution's physical presence in Texas will be [Check one box]:

Offering degrees or courses leading to degrees at or from a physical location in Texas;
or

Students completing clinicals or internships at a Texas location.

Excel spreadsheet of currently scheduled clinicals or internships in Texas must be attached. Excel template for clinicals or internships may be found on THECB website [HERE](#).

Date of Application:**Institution Information**

Name of institution:

Physical address of campus:

Mailing address of main
campus (if applicable):

Single Point of Contact

The Single Point of Contact (SPOC) is the individual designated by the institution as the person responsible for receiving and conveying information between the institution and THECB staff. The SPOC may be separate from the Chief Administrative Officer.

SPOC Name:

Preferred Honorific (Dr., Ms., Mr., etc.)

SPOC Title:

SPOC Address:

SPOC Email:

SPOC Telephone:

Chief Administrative Officer Acknowledgements

The Chief Administrative Officer (CAO) is the individual at the campus or institution with authority to provide information and agree to the terms of the Certificate of Authorization application.


Check all boxes below to acknowledge each statement:

I am an authorized official representative of the above-name applicant/institution. I affirm that I have read and fully understand this application and agree to its terms and the information contained in this application.

I acknowledge that the above-name applicant/institution is subject to and in compliance with its THECB-recognized accreditor's standards or criteria, including having a student complaint procedure.

I acknowledge the above-named applicant/institution is required to provide information regarding annual compliance review reporting, substantive change notification, and student data reporting, as contained in Texas Education Code, Title 19, Part 1, Chapter 7.

Electronic or physical signature:

 _____

Date of Signature:

Check box IF CAO is same as SPOC:

CAO Name:

CAO Title:

CAO Email:

Accreditation Status

Name of THECB-recognized accreditor: [Click on institution's THECB-Recognized Accreditor](#)

Attach documentation of accreditation as Appendix A.

Campus' current accreditation term [start date to end date]:

Type start date to end date above. If end date is not a specific date, put latest possible date.
For example: 2020-2028 is 12/31/2028.

Degree levels approved by THECB-recognized accreditor [Check all boxes that apply.]:

Associate

Bachelor

Master

Doctoral

Professional / Other (Note: THECB does not authorize non-degree programs.)

Is the THECB-recognized accreditor currently reviewing the Texas campus for inclusion in the main campus' grant of accreditation? [Check yes or no box]

Yes If "Yes", attach documentation **as Appendix A-1** from the THECB-recognized accreditor acknowledging a decision on campus accreditation can be made within 15 months of the issuance of a Provisional Certificate of Authorization.

No

Is the institution, main campus, or the Texas location currently subject to a negative or adverse action by its THECB-recognized accreditor which has not resulted in a sanction, as defined in THECB Rule 7.3(36)? [Check yes or no box.]

Yes If "Yes", attach documentation **as Appendix B** explaining current status, reasons for the negative or adverse action and actions taken by the institution or Texas location to reverse the negative or adverse action.

No

Is the institution or the Texas location currently subject to a sanction, as defined in THECB Rule 7.3(36) by its THECB-recognized accreditor? [Check yes or no box.]

Yes If "Yes", attach documentation **as Appendix B** explaining current status, reasons for the sanction and actions taken by the institution or Texas location to comply with the accreditor's standards or criteria, including a timeline for returning to compliance, in order to maintain accreditation.

No

Texas Workforce Commission (TWC) Status

Institutions must contact TWC to determine any necessary licensure, exemption, or exclusion from oversight.

TWC, Career Schools and Colleges may be contacted at 512.936.3100 or career.schools@twc.texas.gov.

Attach TWC document as Appendix C [Check one box]:

- TWC Current Certificate of Approval - licensing institution to operate in Texas;
- TWC Exemption status letter or email – qualified for exemption from TWC oversight;
- TWC Exclusion letter or email – documentation explaining exclusion from all TWC oversight.

Financial Responsibility Composite Score (FRCS)

Is the institution an out-of-state public institution statutorily authorized to operate in its home state?

Yes; if “Yes”, attach documentation as Appendix D showing statutory authorization to operate in another state. Skip FRCS information request below.

No; if “No”, provide information below regarding US Department of Education calculated FRCS.

Most recent US Department of Education calculated Financial Responsibility Composite Score (FRCS):

Academic year (AY) for which FRCS was calculated:

Documentation showing FRCS calculation is required - attach documentation as **Appendix D**.

If FRCS is below 1.5, attach documentation as **Appendix D-1** of all actions taken since date of calculation to raise the score to 1.5 or higher.

Financial Resources – Indemnification for Students

All postsecondary educational institutions which operate under Certificate of Authorization must provide evidence of reserves, lines of credit, or other surety instruments (Hereinafter, “Surety,” regardless of type of reserve, line of credit or financial instrument) sufficient to provide indemnification to any student or enrollee of the school or his/her parent or guardian for the current term as a result of violation of any minimum standard or if the institution is unable to continue to provide instruction to its enrolled students for any reason.

Public institutions located outside of Texas:

Attach documentation the institution is publicly funded by the state in which the institution is located. Documentation may include statutes, legislation or other information indicating sources of state funding. Attach as **Appendix E**.

All other institutions applying for Certificate of Authorization:

Financial resources documentation must meet THECB requirements listed in THECB [Rule 7.7\(1\)\(A\)\(xi\)](#). Further surety/financial resources instructions may be found on-line at [resources](#), including surety instrument templates.

Documentation must include a letter signed by authorized institutional representative providing calculation and method for computing amount of financial resources available to indemnify students, enrollees, or parent/guardians.

Documentation of surety calculation must be provided at time of application for a Certificate of Authorization and each subsequent Annual Compliance Report. Attach as **Appendix E**.

Send Institutional financial resources documentation to Paul Shuler at paul.shuler@thecb.state.tx.us or 1200 E. Anderson Lane, Austin, TX, 78752.

The Institution may contact Dr. Shuler by email or phone, (512) 427-6223, for THECB surety requirement questions.

Note: Certificate of Authorization will not be approved prior to receiving a THECB-approved surety instrument.

Ownership/Business Type

Type of Business:

Attach the following information for each person/company with a controlling interest as **Appendix F**:

1. Name
2. Address
3. Phone number
4. Title
5. Statement of no involvement in a bankruptcy, felony, or governmental regulatory disciplinary action.

OR

Documentation of involvement in a bankruptcy, felony, or governmental regulatory disciplinary action.

FOR ASSISTANCE, CONTACT THE COORDINATING BOARD:

For administrative rule requirement questions: 512.427.6527.

For application completion and submission questions: 512.427.6524.

SUBMIT COMPLETED APPLICATION THROUGH THE

[CERTIFICATE OF AUTHORIZATION INSTITUTION PORTAL](#)

FOR COORDINATING BOARD USE ONLY

Staff Review by:

THECB Action Date:

Complete/Incomplete:

Items Missing:

TWC:

Clinicals/Internships:

Accreditor:

Approved

Provisional Approval

Not Approved

Notes:

Degrees and Programs to be Offered in Texas* [Duplicate page as necessary.]

CIP CODE	DEGREE GRANTED	PROGRAM NAME	EXAM OR REGULATED PROFESSION/INDUSTRY (Label attachments for this section Appendix G)
Type CIP for first degree here	Type degree designation for first degree here	Type program name for first degree here. Use accreditor approved name.	<p>Check all boxes that apply:</p> <p>Professional exam required to work in Texas</p> <p>Regulated profession/industry in Texas</p> <p>Student notification of exam/regulation attached. [Student notification required if either exam or regulation box checked.]</p>
Type CIP for second degree here	Type degree designation for second degree here	Type program name for second degree here. Use accreditor approved name.	<p>Check all boxes that apply:</p> <p>Professional exam required to work in Texas</p> <p>Regulated profession/industry in Texas</p> <p>Student notification of exam/regulation attached. [Student notification required if either exam or regulation box checked.]</p>
Type CIP for third degree here	Type degree designation for third degree here	Type program name for third degree here. Use accreditor approved name.	<p>Check all boxes that apply:</p> <p>Professional exam required to work in Texas</p> <p>Regulated profession/industry in Texas</p> <p>Student notification of exam/regulation attached. [Student notification required if either exam or regulation box checked.]</p>
Type CIP for fourth degree here	Type degree designation for fourth degree here	Type program name for fourth degree here. Use accreditor approved name.	<p>Check all boxes that apply:</p> <p>Professional exam required to work in Texas</p> <p>Regulated profession/industry in Texas</p> <p>Student notification of exam/regulation attached. [Student notification required if either exam or regulation box checked.]</p>
Type CIP for fifth degree here	Type degree designation for fifth degree here	Type program name for fifth degree here. Use accreditor approved name.	<p>Check all boxes that apply:</p> <p>Professional exam required to work in Texas</p> <p>Regulated profession/industry in Texas</p> <p>Student notification of exam/regulation attached. [Student notification required if either exam or regulation box checked.]</p>
Type CIP for seventh degree here	Type degree designation for seventh degree here	Type program name for seventh degree here. Use accreditor approved name.	<p>Check all boxes that apply:</p> <p>Professional exam required to work in Texas</p> <p>Regulated profession/industry in Texas</p> <p>Student notification of exam/regulation attached. [Student notification required if either exam or regulation box checked.]</p>

* Institutions with no physical presence other than clinicals or internships in the state of Texas should only list degrees associated with active clinicals or internships. Refer to *Basis for Application* on page 2.