

**Texas Higher Education Coordinating Board**

**Application for a Certificate of Authorization**

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

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

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

1. NAME OF INSTITUTION \_\_\_\_\_ DATE \_\_\_\_\_

2. PHYSICAL ADDRESS OF CAMPUS \_\_\_\_\_

3. MAILING ADDRESS OF CORPORATE CONTACT (IF APPLICABLE) \_\_\_\_\_

4. BASIS FOR APPLICATION:

- offering degrees or courses leading to degrees at or from a physical location in Texas
- students completing clinicals or internships at a Texas location

5. NAME OF BOARD-RECOGNIZED ACCREDITOR (SUBMIT COPY OF APPROVAL) \_\_\_\_\_

6. DATES OF CAMPUS CURRENT ACCREDITATION TERM (START DATE TO END DATE): \_\_\_\_\_

7. IF THE TEXAS CAMPUS HAS NOT RECEIVED ACCREDITATION: A Provisional Certificate of Authorization may be issued if institution's accreditor provides a letter acknowledging a decision on campus accreditation can be made within 15 months of the issuance of a Provisional Certificate of Authorization. (SUBMIT COPY OF ACCREDITOR ACKNOWLEDGEMENT, IF APPLICABLE.)

8. DEGREE STATUS LEVEL(S) APPROVED BY ACCREDITOR  Associate  Bachelor  Master's  Doctoral  Other

9. PROGRAMS AND DEGREE LEVEL TO BE OFFERED

(Attach additional pages as necessary to list additional programs with degree level and CIP codes. Attach documentation evidencing notice to students of eligibility or non-eligibility to take a professional exam or practice regulated profession/industry in Texas for all applicable programs.)

CIP Code	DEGREE LEVEL	PROGRAM	PROFESSIONAL EXAM/ REGULATED PROFESSION/INDUSTRY		
			<input type="checkbox"/> Professional exam required to work in Texas	<input type="checkbox"/> Regulated profession/industry in Texas	<input type="checkbox"/> Student notification attached
			<input type="checkbox"/> Professional exam required to work in Texas	<input type="checkbox"/> Regulated profession/industry in Texas	<input type="checkbox"/> Student notification attached
			<input type="checkbox"/> Professional exam required to work in Texas	<input type="checkbox"/> Regulated profession/industry in Texas	<input type="checkbox"/> Student notification attached
			<input type="checkbox"/> Professional exam required to work in Texas	<input type="checkbox"/> Regulated profession/industry in Texas	<input type="checkbox"/> Student notification attached
			<input type="checkbox"/> Professional exam required to work in Texas	<input type="checkbox"/> Regulated profession/industry in Texas	<input type="checkbox"/> Student notification attached
			<input type="checkbox"/> Professional exam required to work in Texas	<input type="checkbox"/> Regulated profession/industry in Texas	<input type="checkbox"/> Student notification attached

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10. FOR INSTITUTIONS BASED OUT-OF-STATE: If applying based on clinicals or internships, please complete the clinical/internship information sheet for all current clinicals/internships. ([EXCEL](#))

11. DATE OF TEXAS WORKFORCE COMMISSION'S APPROVAL TO OPERATE IN TEXAS (IF APPLICABLE) \_\_\_\_\_

(DOCUMENTATION IS REQUIRED TO VERIFY TWC HAS BEEN CONSULTED AS TO INSTITUTION'S STATUS. SUBMIT ONE OF THE FOLLOWING: **a.** COPY OF TWC APPROVAL TO OPERATE IN TEXAS CORRESPONDENCE; **b.** COPY OF TWC CORRESPONDENCE EXEMPTING INSTITUTION FROM TWC OVERSIGHT; **c.** COPY OF TWC CORRESPONDENCE ACKNOWLEDGING INSTITUTION IS EXCLUDED FROM TWC OVERSIGHT).

AUTHORIZED SCHOOL OFFICIAL (Check the box below to acknowledge the following statements):

- I am an authorized official representative of the above-named applicant. I affirm that I have read and fully understand this application and agree with its terms.
- I acknowledge that the above-named institution is subject to and in compliance with its Board-recognized accreditor's standards or criteria, including having a student complaint procedure.
- I acknowledge the above-named 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.
- I affirm that I have read and fully understand this application and agree with all information contained within.
- I check this box as endorsement of these acknowledgements and affirmations, in lieu of my signature.

Authorized Official Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Institution Single Point of Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**THE SINGLE POINT OF CONTACT IS AN INDIVIDUAL DESIGNATED BY THE INSTITUTION AS THE PERSON RESPONSIBLE FOR RECEIVING AND CONVEYING INFORMATION BETWEEN THE INSTITUTION AND THE COORDINATING BOARD OR BOARD STAFF.**

FOR COORDINATING BOARD USE ONLY

Staff review by \_\_\_\_\_ THECB Action Date \_\_\_\_\_

- Complete Application
- TWC Exemption/Exclusion/Approval
- Accreditor Statement
- Approved
- Provisional Approval
- Clinicals/Internships Identified
- Clinicals/Internships Not Required
- Does not Meet Guidelines/Closed as Incomplete

FOR ASSISTANCE, CONTACT THE COORDINATING BOARD AT (512) 427-6527 OR VIA FAX AT (512) 427-6168

SUBMIT COMPLETED APPLICATION THROUGH CERTIFICATE OF AUTHORIZATION INSTITUTION PORTAL