



# FCPC 120 CPCA CERTIFIED FCPC MEMBER ANNUAL RENEWAL/APPLICATION

## Florida Council of Private Colleges

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● FAX:863-421-1941 ● E-mail: FCPC@FCPCamerica.org ● Web: www.FCPCamerica.org  
● Administration Office, 41 N. 20th Street, #17, Haines City, FL 33844-4638,  
telephone 863-422-7650

**In lieu of FCPC120 form:** two copies of current completed IPEDS (Integrated Postsecondary Education Data System) forms plus Affidavit on page 4 of FCPC 120 form may be submitted if they contain the data required by the FCPC 120.

all boxes that apply to institution, thank you. Mark "NA" (not applicable) when item is not applicable to private, faith based, education institution at this time.

### 1. INSTITUTION INFORMATION

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Country

\_\_\_\_\_  
Telephone FAX

\_\_\_\_\_  
E-mail Web Site

- Non-profit       For Profit       Incorporated in Florida
- Incorporated under church \_\_\_\_\_  
Name of Church
- Registered under church \_\_\_\_\_  
Name of Church

Physical Address if different from above.

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

Chief Administrative Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Name and Title of Contact Person \_\_\_\_\_

2. **LEVEL OF INSTITUTION** (check all levels that apply).
- Certificate    1 year    Associate    3 year    Bachelor
  - Master       Doctor

### 3. ACCREDITED BY (if applicable):

A. \_\_\_\_\_

Is this agency recognized by the U. S. Dept. of Education?  No  Yes

B. \_\_\_\_\_

Is this agency recognized by the U. S. Dept. of Education?  No  Yes

4. **ENROLLMENT HEADCOUNT:** Please give headcount figures, including full-time and part-time students at **ALL** Florida locations, as well as distance education/correspondence students in other states and countries but enrolled from the Florida location(s). Include all students enrolled during the prior 12 months. **Students are NOT included in headcount when your institution does not receive any income through scholarships, work scholarships, or donations, for that student's audit, degree, certificate, or remedial studies.**

Certificate \_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ TOTAL \_\_\_\_\_

5. **HONORARY DEGREES**

List any honorary degrees by titles that you have granted How many?  
in the past year (see Glossary at [www.fcpcamerica.org](http://www.fcpcamerica.org)).


6. **WHEN REQUESTED BY THE FCPC OUR INSTITUTION WILL PROVIDE:**

- a. copy and description your institution’s policies and procedures regarding the recruiting and admission of students.
- b. copies of and descriptions of the sources and kinds of financial assistance available to your students, and the specific manner in which students are informed of their responsibilities regarding financial assistance and repaying student loans.
- c. description of the placement assistance provided to students by your institution, including any claims concerning job placement rates.
- d. copies of all advertising with accreditation and/or license disclaimer (if applicable) published on behalf of the institution during the previous year. This includes newspaper, radio, T.V., magazines, e-mail, web site, and any form of advertisement engaged in by the institution.

7. **SUBMIT A COPY OF YOUR:** 1) institution’s catalog and 2) student enrollment contract or financial agreement with this form (drafts if necessary), **only** if you check **a.** below.

- a.  New member OR existing member with changes in 1) or 2) above
- b.  No change in 1) above from previous year. (Do not submit copy.)
- c.  No change in 2) above from previous year. (Do not submit copy.)

*See Page 3 of this form for a list of items which must appear in your catalog and enrollment contract/financial agreement.*

8. **A. QUALIFYING CRITERIA**

A private, faith based, education institution shall be required to meet these criteria :

- Catalog Pg. (if any)  Check all that apply
- \_\_\_\_\_ 1.  no students enrolled receive state or federal financial aid for education, excluding Veteran’s benefits
  - \_\_\_\_\_ 2.  offers education programs that prepare students primarily for religious vocations
  - \_\_\_\_\_ 3.  one semester credit hour of study is 15 academic hours or its equivalent

- \_\_\_\_\_ 4.  Associate degree - minimum of 60 semester hours
- \_\_\_\_\_ 5.  Bachelor degree - minimum of 120 semester hours
- \_\_\_\_\_ 6.  Master degree - minimum of 30 semester hours beyond the bachelor degree, plus a thesis
- \_\_\_\_\_ 7.  Doctor degree - minimum of 60 semester hours beyond the bachelor degree, plus a dissertation

**B. CATALOG REQUIREMENTS**

The following data must appear in the private, faith based, education institution’s catalog or administrative bulletin and be submitted annually to the FCPC. Disclaimers must be in all advertising, literature, and web sites.

- Catalog Pg. (if any)  Check all that apply
- \_\_\_\_\_ 1.  Private, faith based institution name shall include a religious modifier or the name of a religious patriarch, saint, person, or symbol of the church
  - \_\_\_\_\_ 2.  denomination, church, or religious affiliation if any
  - \_\_\_\_\_ 3.  address, telephone number, fax number, e-mail address, and web site
  - \_\_\_\_\_ 4.  purpose or mission statement of the private, faith based, education institution which must include the following statement, **“The degree programs of this institution are designed primarily for religious vocations.”**
  - \_\_\_\_\_ 5.  a list of degree titles and description of all courses required in each certificate or degree program of study
  - \_\_\_\_\_ 6.  a list of course descriptions
  - \_\_\_\_\_ 7.  a list of all faculty members with degrees
  - \_\_\_\_\_ 8.  administrative officers and staff
  - \_\_\_\_\_ 9.  all fees, charges, non refundable fees, and tuition
  - \_\_\_\_\_ 10.  refund policy must be prominently displayed on the contract form and provide students with a minimum of three working days from the date a student signs an enrollment contract or financial agreement with the private, faith based, education institution for the student to cancel the contract and receive a full refund of any tuition or registration fees paid
  - \_\_\_\_\_ 11.  statement regarding transferability of credits to and from other education institution
  - \_\_\_\_\_ 12.  accreditation, if any with the following Accreditation disclaimer where applicable. **“This accrediting agency is not approved by the United States Department of Education”**
  - \_\_\_\_\_ 13.  License Disclaimer disclosed only if you issue a license. **(This is an ecclesiastical license not a state or government license.)**
  - \_\_\_\_\_ 14.  statement regarding membership in the FCPC for use in catalog, brochures, web site etc. This can be obtained at [www.fcpcamerica.org](http://www.fcpcamerica.org).

**9. AFFIDAVIT**

The Florida Council of Private Colleges, requires affirmation from member institutions in reference to compliance with the standards of the FCPC which exceed the minimum standards F.S. 1005.06(1)(f) and F. S. 1005.04 of the State of Florida.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
COUNTRY \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_  
Principal Officer (Typed or Printed Name)

a principal officer of \_\_\_\_\_,  
Name of Institution

who, being duly sworn or affirmed, deposes and says:

I affirm that the information submitted is accurate and no false data has knowingly and willingly been submitted, that the policies reported are provided in writing to all prospective students at least one week before enrollment or collection of tuition fees, that the institution observes the policies and practices as reported, that use or display of the FCPC certificates and logo constitutes acceptance of ethical standards, practices, terms, conditions and responsibilities to the FCPC, its member institutions, on behalf of our institution, the certificates and logo are the property of the FCPC subject to recall and surrender upon request, and that we are in compliance.

I do hereby affirm that information recited herein pages 1 through 4 and/or IPEDS report plus page 4 of FCPC120 and all other documents submitted are true and correct to the best of my knowledge, that I have not knowingly or willingly misstated any facts, and that I understand that a false statement in this affidavit will subject me to penalties of perjury.

\_\_\_\_\_  
Print or Type Name/Title Signature

Sworn to or affirmed to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_  
Notary Public