

**FCPC 125 ACCREDITED CPCA CERTIFIED FCPC MEMBER
ANNUAL RENEWAL/APPLICATION**

Florida Council of Private Colleges, Inc.

Telecom Center, 4085 Bothwell Terrace, Tallahassee, FL 32317
Telephone: 877-700-USA1 • E-mail: FCPC@FCPCamerica.org • Web: www.FCPCamerica.org

❖ Two copies of current completed IPEDS (Integrated Postsecondary Education Data System) forms plus Affidavit on page 3 of FCPC 125 form may be submitted in place of the FCPC125 Form, if they contain the data required by the FCPC125. ❖

Mark "NA" (not applicable) when item is not applicable to private, faith based, post secondary, education institution at this time.

boxes that apply to institution, thank you.

1. _____
name of institution

address

city	state	zip	country
------	-------	-----	---------

telephone	FAX
-----------	-----

E-mail	Web Site
--------	----------

- Non-profit For Profit Incorporated in Florida
- Chartered in Florida Registered in Florida
- Incorporated under church _____
Name of Church
- Registered under church _____
Name of Church

Mailing Address if different from above.

Chief Administrative Officer: _____ Title: _____

Name and Title of Contact Person _____

2. If your institution is (check all that apply) ___ based, ___ chartered, or has ___ administrative facilities outside the State of Florida, please answer the following questions:

name of parent institution

address

city	state	zip	country
------	-------	-----	---------

telephone	FAX
-----------	-----

E-mail	Web Site
--------	----------

3. Level of Institution (check all levels that apply).
 Certificate 1 year Associate 3 year Bachelor
 Master Doctor

4. **Attach a copy of your most recent letter or certificate of accreditation from a USDOE recognized accrediting agency.**

5. 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 _____

6. Statement that can be used regarding **accredited certified membership** in the FCPC.

(Institution Name) is a degree granting **ACCREDITED CPCA CERTIFIED FCPC MEMBER of the Florida Council of Private Colleges, Inc. (FCPC)** which represents its private, faith based, post secondary educational institution members before any individual, private or government educational organization. This institution voluntarily and without reservation submitted to the FCPC as an educational association for a thorough and rigorous FCPC Review Team examination jointly with their United States Department of Education (USDOE) recognized accrediting agency. The examination was achieved by qualified and experienced educational personnel, providing quality peer reviewers who examined the following: faculty, verification of academic curriculum, course development with examination criteria, distance learning processes, campus operations, catalogs, brochures, advertisements, application forms, financial information, student records and transcripts, and web site. Furthermore, student interviews were conducted which determined that the educational learning experience provided has achieved true learning in keeping with educational standards of excellence that equaled or exceeded the **FCPC standards which exceed the minimum standards F.S. 1005.06(1)(f) and F. S. 1005.04 of the State of Florida.** For verification of all FCPC standards go to www.fcpcamerica.org.

7. AFFIDAVIT

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:

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

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 swear or affirm that information recited herein pages 1 through 3 and/or IPEDS report plus page 3 of FCPC125 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