Administrative Cover Sheet for NC-SARA Institutional Application (Circle One: Initial or Renewal)

This Institution, per the _____________________________ has determined the signature authority on this Application shall be ______________________________________________ as the ________________. Signatures and Initials on the Application mean the Institution will comply with the requirements of participation, and will pay the annual State fee for SARA in the amount of $________ paid by __________ and the annual NC-SARA fee of $________ paid by __________.

In addition, the Institution affirms the following (item numbers align with the item number on the SARA application):

1. State Authorization: The Institution is authorized to operate in the state.
   Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________
   (Word/PDF/Excel) (URL) (Name) (Date)

2. Accreditation & Current Status: The Institution is degree granting, in good standing with an accrediting body recognized by the U.S. Dept. of Ed. (DOE) and follows DOE specifications to offer distance education.
   Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________

4. Federal Financial Responsibility Composite Score (FFRCS) is 1.5 or above or has justification if between 1.0 - 1.49.
   Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________

5. The institution agrees to abide by the Interregional Guidelines for the Evaluation of Distance Education.
   Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________

6. 3rd Party Accountability: The Institution is responsible for actions of 3rd party providers used to engage in operations.
   Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________

7. Institutional Complaint Process: The Institution has such a process and agrees to work with its state portal entity and NC-SARA to resolve online education complaints.
   Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________

9. Professional Licensure Disclosures: Per federal regulation 34 CFR668.43, the Institution agrees to provide general & individual disclosures to students/prospective students for professional licensure and certification programs.
   Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________

10. Instruction Assurance: If the Institution cannot fully deliver what a student has contracted for, there are adequate measures to protect students, especially in the case of a closure.
    Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________

11. Catastrophic Events: The Institution has a catastrophic event policy and disaster recovery procedures.
    Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________

15. Data: The Institution provides annual reporting of distance ed. enrollments & out-of-state learning placements
    Doc Type: __________           Doc location: __________           Audited By: __________           Last Audited: __________