

**NORTH CAROLINA BOARD OF COMMUNITY COLLEGES
OFFICE OF PROPRIETARY SCHOOLS**

CHECKLIST FOR PROPRIETARY SCHOOL LICENSE RENEWAL

INSTRUCTIONS: Initial completion of each item. Submit this checklist and all documents to the Office of Proprietary Schools. Keep copies for your records.

_____ **1. Separate checks (Non-refundable)**

- A. **License Renewal Fee** - A certified bank check or money order in the amount of two thousand, five hundred dollars (\$2,500), made payable to the North Carolina State Treasurer. In the "For" or "Memo" line identify the check as for the "License Renewal Fee".

- B. **Student Protection Fund Assessment**- A certified bank check or money order in the amount identified in your portal application, made payable to the North Carolina State Treasurer. In the "For" or "Memo" line identify the check as for the "Protection Fund Assessment".
*Protection Fund Assessment Due: \$ _____

- C. **Remote Site Fee (*ONLY IF APPLICABLE)** - A certified bank check or money order in the amount of seven hundred fifty dollars (\$750), made payable to the North Carolina State Treasurer. In the "For" or "Memo" line identify the check as for the "Remote Site Fee".

_____ **2. Financial Documents**

- A. **Accredited Institutions** - Schools that are accredited by an agency recognized by the U.S. Department of Education must submit the school's most recent audited financial report accompanied by an opinion by a Certified Public Accountant. Schools that are owned by a parent company must also provide the most recent financial documents for their parent company.

- B. **All Other Institutions** - A Financial Compilation prepared by a Certified Public Accountant to include at minimum: 1) a current *Balance Sheet* showing total assets, liabilities, and equity; 2) a *Profit & Loss Statement*; and 3) a *Cash Flow Statement*. Schools that are owned by a parent company must also provide the most recent financial documents for their parent company.

***Redact all personally identifiable information (i.e. Social Security Numbers, bank numbers, etc.) prior to submission.**

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SCHOOL: _____

EMAIL: _____

PHONE: _____

I am responsible for administration of this institution. I certify the information in this Application is accurate in content and policy. I further acknowledge and understand that the Office of Proprietary Schools acts on behalf of the State Board of Proprietary Schools and the State Board of Community Colleges to review license application submissions, and if the Office of Proprietary Schools returns an application for non-compliance with G.S. 115D-90, it is a rejection as provided in Article 8, Chapter 115D, on behalf of the Proprietary Board and the State Board of Community Colleges.

Printed Name

Signature

DATE

Mail to:
OFFICE OF PROPRIETARY SCHOOLS
NC COMMUNITY COLLEGE SYSTEM
5001 MAIL SERVICE CENTER
RALEIGH, NC 27699-5001