

National Accrediting Agency of Private Theological Institutions

NAAPTI

**633 Heartwood Road
Grimesland, North Carolina 27837**



APPLICATION FOR MEMBERSHIP/ACCREDITATION

PLEASE NOTE:

Fill in the information and then print it out to mail in with your payment in the form of a check or money order made payable to: NAAPTI. Any returned check is subject to a \$30.00 returned check fee and may disqualify you from submitting this form of payment in the future.

Once we have evaluated your application and it is deemed that you meet the guidelines of NAAPTI we will issue your letter of recognition and certificate of accreditation upon receipt of the evaluation fee. Please notify us via e-mail that you have submitted your application so that we can e-mail you a confirmation upon receiving it.

Date of Application: ____/____/____

PLEASE CHECK APPROPRIATE STATUS:

____ Associate Member Status Fee - (\$150.00) ____ Certified Member Status Fee - (\$250.00)

Once we receive your application we will contact you regarding further requirements for the selected level of accreditation applied for.

Name of Institution: _____

Type of Institution: ____ Bible Institute ____ Bible College ____ Bible University/Seminary

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Web Site: _____ Email: _____

Please check all that are appropriate for your institution:

____ We issue Associate degrees equal to 60 credit hours of study

____ We issue Bachelor degrees equal to 120 credit hours of study

___ We issue Master's degrees equal to between 36 and 48 credit hours of study beyond the Bachelor level

___ We issue Doctorate degrees equal to between 36 and 48 credit hours of study beyond the Masters level.

Do you offer any secular degrees and if so, list each below.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date your school was first founded or began to operate: _____

Do you have Articles of Organization, Constitution, and By-Laws? _____

Please include a copy with this application.

Is your school incorporated? _____ If so, please include a copy with this application

Is your school recognized as tax-exempt, 501(c) 3 by the I.R.S.? _____

Please include a copy with of your form.

Does your state require your school to be registered with the Department of Education? _____

If so please include a copy of your registration.

Is your school affiliated with a denomination or some local Church? _____

If so, please identify: _____

Has your school been or is now accredited by another accrediting association? _____

If so, please identify: _____

Is your school registered with the Better Business Bureau? _____

Is your school a member of the Chamber of Commerce? _____

How many full or part-time faculty members or office staff do you have? _____

Are all your faculty members/office staff born-again Christians and living a life worthy of that calling? _____

Does each faculty member have **EARNED** degree(s) in the fields in which they are involved? _____

Please provide ALL documentation to support this. **COPIES OF ALL DEGREES AND TRANSCRIPTS.**

Are you in general harmony with the Doctrinal Statement of NAAPTI? _____

How many resident students do you have? _____

Number of current online students: _____

Do you attempt to provide personal attention, care and help to your students? _____

Do you maintain student records? _____

Do you maintain a library (either physical or digital) accessible by your students? _____

If you fall beneath our standards in any point, are you willing to attend to these matters as soon as possible? _____

Can you prove everything stated herein? _____

Supporting Documentation - Please submit the following as applicable(if any are included in your catalog you do not need to duplicate here:

- ___ School catalog (please submit via e-mail attachment if available);
- ___ student application form;
- ___ photo copies of ALL legal papers;
- ___ a description of the courses that you offer to your students if not included in school catalog;
- ___ a sample of your diplomas;
- ___ ads that you use;
- ___ photo of your campus, building where your office is located;
- ___ copy of the school's letterhead;
- ___ copy of the school's state registration documents if registered;
- ___ copy of all degrees, certificates and diplomas of persons who work with the institution;
- ___ copy of the school's educational policies and procedures;
- ___ copy of the school's course requirements for graduation;
- ___ list of items to be found in the institution's student cumulative folder;
- ___ photographs of the educational and office facilities.

Please indicate anything you wish to be returned and provide a self-addressed envelope with sufficient postage affixed.

STATEMENT OF AFFIRMATION

We, the Officers of (name of your institution): _____, hereby request membership and evaluation for accreditation through the National Accrediting Agency of Private Theological Institutions.

We are in general agreement with the statement of faith of NAAPTl and promise to pursue excellence and accountability in our educational endeavors.

We agree to place on our website the logo, link to NAAPTl website and approved wording of accreditation.

We acknowledge that this application may be refused if it is found that we have provided false and/or inaccurate information.

We promise to adhere to and be guided by the guidelines for accreditation through NAAPTl and will extend our fellowship to fellow members of NAAPTl in accepting the transfer of credits for study from their institutions.

Signatures of Officers as applicable:

President

Vice-President

Secretary

Treasurer