DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

HAWAII POST-SECONDARY EDUCATION AUTHORIZATION PROGRAM (HPEAP)

APPLICATION FOR AUTHORIZATION OF SEMINARY OR RELIGIOUS TRAINING INSTITUTION

NOTE: If you are a nonprofit religious corporation that only awards religious degrees or certificates (such as a certificate of Talmudic studies, an associate of Biblical studies, a bachelor of religious studies, a master of divinity, or a doctor of divinity), you do not need to apply for authorization.

1. INSTITUTION

Name: _____

Website: _____

Official Contact Person for the Public Regarding Complaints:

Name and Title: _____

Telephone Number: _____ Fax Number: _____

Mailing Address: _____

Physical Address (if different): _____

Email: _____

(Please notify HPEAP immediately if there is any change in contact information.)

Official Contact Person for HPEAP Authorization:

Name and Title: _____

Telephone Number: _____ Fax Number: _____

Mailing Address: _____

Physical Address (if different): _____

Email: _____

(Please notify HPEAP immediately if there is any change in contact information. If you do not notify us of any change in your email address, you will miss receiving important updates from HPEAP.)

2. OWNERSHIP

Attach documentation of ownership whether it be a sole proprietorship, partnership, limited liability company or corporation.

Attach documentation of nonprofit status if applicable.

3. BONA FIDE RELIGIOUS TRAINING INSTITUTION EXEMPT FROM PROPERTY TAXATION

Attach proof to show that you are a religious training institution exempt from property taxation.

4. BONA FIDE INSTITUTION OF POST-SECONDARY EDUCATION OFFERING ASSOCIATE, BACCALAUREATE, POST-BACCALAUREATE, MASTER'S, OR DOCTORAL DEGREES OR DIPLOMAS

Attach proof to show that you are an institution of post-secondary education offering the above degrees or diplomas.

5. ENROLLMENT AGREEMENT

Attach a copy of your enrollment agreement (the contract that a student signs to indicate agreement to the terms of admission, delivery of instruction, and monetary terms as outlined in your student handbook or catalog).

6. FEE PAYMENT (N/A upon initial authorization; however, due upon reauthorization application after 2 years).

You must pay your fee by cashier's check payable to "State of Hawaii" in the amount of $10,000.00. Send your fee with a transmittal letter which provides the name of your institution and the date your application was filed to:

Hawaii Post-Secondary Education Authorization Program
Department of Commerce and Consumer Affairs
P.O. Box 541
Honolulu, HI 96809

7. THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Do you acknowledge that your authorization may be denied or disciplined for any of these reasons (initial each):

- Failure to meet or maintain the conditions and requirements necessary to qualify for authorization
- Engaging in false, fraudulent, or deceptive advertising or making untruthful or improbable statements
- Procuring an authorization or reauthorization through fraud, misrepresentation, material omission, or deceit
- Misconduct, incompetence, gross negligence, or manifest incapacity in operations
- Revocation, suspension, or de-authorization or other disciplinary action by another state or federal agency
- Criminal conviction, whether by nolo contendere or otherwise, of a penal crime directly related to the qualifications, functions, or duties of the institution in any jurisdiction
- Failure to report in writing any disciplinary decision issued against the institution in another jurisdiction within 30 days

Do you affirm that if your ownership changes, you will provide the department with any material information concerning the transaction at least 30 days prior to the transaction?

Do you affirm that you will provide bona fide instruction, in accordance with the standards and criteria set by your accrediting body, if applicable?

Do you affirm that you will provide HPEAP with a copy of your enrollment agreement, if applicable, in accordance with your reauthorization schedule?

Do you acknowledge that it is a violation of this chapter for you or your agent to (initial each):

- Make or cause to be made any statement or representation, oral, written, or visual, in connection with the offering of educational services if you or your agent knows or reasonably should have known the statement or representation to be false, inaccurate, or materially misleading;
- Falsely represent or deceptively conceal, directly or by implication, through the use of a trade or business name, the fact that your institution is a private college or university, seminary, or religious training institution;
- Adopt a name, trade name, or trademark that represents false, directly or by implication, the quality, scope, nature, size or integrity of your institution or its educational services;
- Intentionally and materially represent falsely, directly or by implication, that students who successfully complete a course or program of instruction may transfer the credits earned to any institution of higher education;

- Intentionally and materially represent falsely, directly or by implication, in your promotional materials or in any other manner:
    - Your size, location, facilities, or equipment;
    - The number, educational experience, or qualifications of your faculty;
    - The extent or nature of any approval received from any state agency; or
    - The extent or nature of any accreditation received from any accrediting agency, body, or association (if applicable);
- Provide prospective students with testimonials, endorsements, or other information that has the tendency to mislead or deceive prospective students or the public regarding your current practices;
- Designate or refer to your sales representatives by titles that imply that the sales representatives have training in academic counseling or advising if they do not; and
- Represent, directly or by implication, that you are authorized by the State or approved or accredited by an accrediting agency or body when you have not been authorized, approved, or accredited.

8. ADDITIONAL QUESTION FOR HPEAP INFORMATION ONLY:

Do you offer programs, or do you plan within the next five (5) year period, to offer programs or courses of instruction exclusively through online and distance education? Please provide a summary explanation of what is offered or what will be offered.

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for denial or subsequent revocation of authorization. I further certify that I have read, understand, and shall obey all laws, rules, policies, and procedures promulgated by the Hawaii Post-Secondary Education Authorization Program.

_____ _____

Date Applicant's Signature

_____

Applicant's Title

When you have completed the authorization application, email HPEAP@dcca.hawaii.gov to receive a link to upload your form and support materials.