

**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), please consult with HPEAP before applying.

**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 of any change immediately. Per HAR section 16-255-4, you must notify HPEAP within 30 days of any change.)**

**2. OWNERSHIP**

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

Attach documentation of nonprofit status.

**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 under the laws of this State. Also attach Hawaii Business Registration documentation.

**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. If you are new to Hawaii, list programs you will be offering. Attach your catalog.

**5. ENROLLMENT AGREEMENT**

Provide your most current enrollment figures.

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. ACCREDITATION**

If you are accredited, attach proof of current accreditation from an agency recognized by the U.S. Department of Education.

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

You must pay your fee by cashier's or business/company check payable to "DCCA" in the applicable amount (\$19,000.00 or \$10,000.00 for institutions with an enrollment of 100 or less). 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  
335 Merchant Street, Rm. 310  
Honolulu, HI 96813

**8. 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.

## 9. COMPLAINTS

Please provide the following:

Information provided to students regarding how to file a complaint against your institution. You may provide documentation or the website link that students may access for this information.

Website link:

The number of complaints filed against your institution by Hawaii students since the institution's initial or last authorization with HPEAP:

**10. PROGRAMS THAT LEAD TO LICENSURE**

Any institution that offers courses or programs designed to lead to professional licensure or certification or advertised as leading to licensure must satisfy all federal requirements or disclosures under 34 CFR 668.43. Institutions should attach: 1) a list of all states for which the institution has determined that its curriculum meets the state educational requirements for licensure or certification; 2) a list of all states for which the institution has determined that its curriculum does not meet the state educational requirements for licensure or certification; and 3) a list of all states for which the institution has not made a determination that its curriculum meets the state educational requirements for licensure or certification.

Institutions should also attach 1) a copy of the notice that goes to a student before enrollment that informs the student that the program’s curriculum does not meet the state educational requirement for licensure or certification in the state in which the student is located and 2) a copy of the notice that goes to a student before enrollment that informs the student that a determination has not been made regarding whether the curriculum meets educational requirements in the state in which the student is located.

**11. SITE**

Please provide photos or video of your site, both interior and exterior.

**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](mailto:HPEAP@dcca.hawaii.gov) to receive a link to upload your form and support materials.