

**ONTARIO ASSOCIATION OF CAREER COLLEGES (OACC)  
&  
NATIONAL ASSOCIATION OF CAREER COLLEGES (NACC)**



**APPLICATION FOR MEMBERSHIP**

We hereby apply for Active membership in the Ontario Association of Career Colleges and National Association of Career Colleges and in so doing, agree to follow and adhere to all By-laws and Code of Ethics which presently exist, or may in the future be provided by both the provincial and national associations.

**SECTION A – Organization Information**

Name of College: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Facsimile: ( ) \_\_\_\_\_

General E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Please include addresses of additional Branch locations on Page 5 (if applicable)

**Please indicate:**

Year of Founding: \_\_\_\_\_

Proprietorship:\_\_\_Partnership:\_\_\_Corporation:\_\_\_Provincial:\_\_\_Federal:\_\_\_Public:\_\_\_Private:\_\_\_

Name of Owner, Director or Senior Manager: \_\_\_\_\_

Email of Owner, Director or Senior Manager: \_\_\_\_\_

Name of Official Representative to the OACC/NACC (if different from the owner, director or senior manager above) : \_\_\_\_\_

Email of Official Representative to the OACC/NACC:\_\_\_\_\_

Please list names and addresses of major Shareholders/Partners:

Name	Address
_____	_____
_____	_____

**SECTION B – PCC Registration Information**

Is your College currently Registered as a Private Career College, under the Private Career Colleges Act, 2005? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Please indicate:**

Year of Registration: \_\_\_\_\_

Has the College been in continuous operation since first registration: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Have you ever been refused a license or been served with a cease and desist order by any Professional Association, Province or State? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been issued a compliance order, restraining order or financial penalty by the Ministry of Training, Colleges & Universities during the last 12 months? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C – Staff & Student Information**

Please indicate number of administration staff for your College: Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Please indicate number of instructors for your College: Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Please indicate number of Financial Aid staff for your College: Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Please indicate your annual payroll amount for ALL staff: \$ \_\_\_\_\_

Number of students graduated or completed during the immediate past 12 months:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Evening: \_\_\_\_\_ Home Study: \_\_\_\_\_

Estimated Annual Gross Tuition Fees from ALL Registered Courses: \$ \_\_\_\_\_

**SECTION D – OACC & NACC Services**

Will you be using the OACC Student Transcript Electronic Protection Service (STEPS)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be using the OACC Financial Aid Office (FAO) Service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please complete the following section.

1. Who should be recorded on the FAO contact list? \_\_\_\_\_
2. Have you been approved to administer CSL? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you been approved to administer OSL? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are you offering courses for Part-time students, Full-time or both? \_\_\_\_\_
5. Do you require training to administer OSAP? Yes \_\_\_\_\_ No \_\_\_\_\_

Would your College be interested in appointing a volunteer to serve on one or more of the Association's Committees or sub-committees? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please check all of the areas of interest below.

1. Membership \_\_\_\_\_
2. International Students \_\_\_\_\_
3. OACC Services \_\_\_\_\_
4. Public Relations \_\_\_\_\_
5. Government Relations \_\_\_\_\_
6. Marketing \_\_\_\_\_
7. Communications \_\_\_\_\_
8. Annual Conference \_\_\_\_\_
9. Student Success \_\_\_\_\_
10. Program Standards \_\_\_\_\_
11. Private Career Colleges Act Review \_\_\_\_\_
12. Programmatic Accreditation \_\_\_\_\_
13. Apprenticeship Programs \_\_\_\_\_
14. Online Programs \_\_\_\_\_
15. TCAF \_\_\_\_\_
16. Employment Ontario \_\_\_\_\_
17. Quality Assurance \_\_\_\_\_
18. Other: Please Specify \_\_\_\_\_

Will you be using the NACC Standardized Curriculum & Examination Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check all programs that apply.

Early Childcare Assistant \_\_\_\_\_

Personal Support Worker \_\_\_\_\_

Esthetics \_\_\_\_\_

Pharmacy Assistant \_\_\_\_\_

Please indicate the reason your College wishes to become a member with OACC?

---

---

**SECTION E - Programs**

Please indicate which training disciplines apply to your College:

- |                    |       |                                       |       |
|--------------------|-------|---------------------------------------|-------|
| 1. Applied Arts    | _____ | 6. Information Technology/Electronics | _____ |
| 2. Business        | _____ | 7. Other                              | _____ |
| 3. Flight Training | _____ | 8. Services                           | _____ |
| 4. Health Services | _____ | 9. Trades                             | _____ |
| 5. Human Services  | _____ |                                       |       |

Please list below all of the certifications and/or accreditations designation that your College currently holds.

---

---

**SECTION F – Professional References**

Please provide 3 Professional References complete with their contact information in the table below.

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

---

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

---

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

---

**SECTION G – Commitment to Quality Assurance**

Please provide a description below of the key components of quality assurance that your College believes relate to educational services.

---

---

---

Please indicate below the measures that your College has in place to assure continuous improvement in the level of quality of its educational services.

---

---

---

**SECTION H – Required Documentation**

**Please attach a copy of each of the following: (1-8 are mandatory)**

1. Copy of current Private Career College Registration Certificate
2. Current Enrolment Contract with Students for vocational programs
3. Current Enrolment Contract with Students for non vocational programs
4. Signed copy of OACC’s Code of Ethics (attached)
5. Student Policies and Procedures Information
6. Curriculum Outline(s)
7. Sample of current Diploma/Certificate
8. Membership Fee (cheque or credit card info)
9. School Brochure (if applicable)
10. Copy of recent advertisement (print, web page, TV, etc.) (if applicable)
11. Latest School Catalogue (if applicable)

**Declaration**

“I certify that the information contained in this application form is true and accurate to the best of my knowledge. I understand that the provision of false information could result in denial or suspension or termination of membership in the associations”

In making this application, I hereby agree to an inspection of our premises and/or course offerings by an Ontario Association of Career Colleges representative, in accordance with the prescribed by-laws.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

---

**Signature** **Title**  
**Please List Information on ALL Branch Campuses**

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Official Representative to the Ontario Association: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Official Representative to the Ontario Association: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Official Representative to the Ontario Association: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Official Representative to the Ontario Association: \_\_\_\_\_

<b>For Office Use Only:</b>	
_____	_____
<b>Date Received</b>	<b>Received by</b>
_____	_____
<b>Date Approved for Membership</b>	