



National Council  
for State Authorization  
Reciprocity Agreements

*A voluntary, regional approach  
to state oversight of distance education*

**Indicate Regional Compact:**

- Midwestern Higher Education Compact
- New England Board of Higher Education
- Southern Regional Education Board
- Western Interstate Commission for Higher Education

# RENEWAL APPLICATION FOR INSTITUTIONAL PARTICIPATION IN SARA

An institution applying for renewal to operate under the State Authorization Reciprocity Agreement (SARA) must **submit this form to its home state's portal entity for SARA participation.**

When the state portal checks "yes" on this form, the state affirms that the applicant institution has followed proper procedures and provided necessary documents to continue operating under SARA, but this affirmation does not necessarily represent state evaluation of the institution's ability to perform under SARA policies. An institution seeking renewal must meet the following requirements:

**Institution  
APPLICANT to  
complete**

Institution affirms meeting  
the requirement  
(initial boxes)

**STATE Entity to  
Complete**

Institution meets  
the requirement

**Yes                  No**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. The principal campus or central administrative unit remains domiciled in a state or district that has joined the State Authorization Reciprocity Agreement (SARA) initiative and is authorized to operate in that state. (Attach documentation)   |
| <input type="checkbox"/> | 2. The Institution retains its accreditation by an accrediting body recognized by the U.S. Secretary of Education. (Attach documentation)  |
| <input type="checkbox"/> | 3. If non-public, the institution shall maintain a financial responsibility index score of 1.5 or above; and in the case of a score between 1.0 and 1.5, the portal entity has affirmed that sufficient documentation has been provided to support continued institutional participation in SARA. Public institutions leave this blank. (Attach documentation) |
| <input type="checkbox"/> | 4. The institution agrees to abide by the <i>Interregional Guidelines for the Evaluation of Distance Education</i> as summarized in SARA policy 5(2)1-9 and current NC-SARA <i>Policies and Standards</i> .  |
| <input type="checkbox"/> | 5. The institution agrees to maintain responsibility for the actions of any third-party providers used by the institution to engage in operations under SARA.  |
| <input type="checkbox"/> | 6. The institution agrees to notify its home state's portal entity of any negative changes to its accreditation status.  |
| <input type="checkbox"/> | 7. The institution agrees to provide data necessary to monitor SARA activities as requested by NC-SARA or the state portal entity.   |

**APPLICANT**

Institution affirms meeting the requirement (initial boxes)

**STATE**

Institution meets the requirement

**Yes**

**No**

8. The institution agrees to work with its home state’s portal entity to resolve any complaints arising from its students in SARA states, and to abide by decisions of that entity.

9. The institution applies to its home state’s portal entity for renewal over the signature of the institution’s CEO or chief academic officer.

10. The institution agrees to notify in writing all students in a course or program that customarily leads to professional licensure, or which a student could reasonably believe leads to such licensure, whether or not the course or program meets requirements for licensure in the state where the student resides. If an institution does not know whether the course or program meets licensure requirements in the student’s state of residence, the institution may meet this SARA requirement by informing the student in writing and providing the student the contact information for the appropriate state licensing board(s). An e-mail dedicated solely to this purpose and sent to the student’s best known e-mail address meets this requirement. The institution should use other means to notify the student if needed.

11. The institution agrees, in cases where the institution cannot fully deliver the instruction for which a student has contracted, to provide a reasonable alternative for delivering the instruction or reasonable financial compensation for the education they did not receive.

12. The institution agrees to pay to the state any state fees for SARA participation required by the home state for administering SARA.

13. The institution agrees to pay its annual SARA participation fee to the National Council for SARA (NC-SARA). This single annual fee replaces any fees that the institution would ordinarily pay to other SARA member states.

# INSTITUTIONAL DESIGNATION AND AFFIRMATION

I, the undersigned representative of (institution name) \_\_\_\_\_, having the authority to commit the institution to continue operating under SARA, certify this institution meets all standards and requirements stated herein required to operate under the SARA agreement.

Mailing address of institution:

Institution OPEID number:

Institution FTE (latest IPEDS):

Name of principal SARA contact:

Email of principal SARA contact:

Phone of principal SARA contact:

Name of secondary SARA contact:

Email of secondary SARA contact:

Phone of secondary SARA contact:

Link to complaint system:

Title of signatory institutional officer:

Typed name of signatory officer:

Signature:

Date signed:

## STATE PORTAL ENTITY AFFIRMATION

Typed name of state portal entity:

Typed name of state portal entity contact:

Signature:

Date signed:

Title of state portal entity contact:

*If institutional membership in SARA is denied by the home state's portal entity, the portal entity will provide to the applicant institution a written reason for the denial. The institution may reapply at any time, having corrected any deficiencies, or may appeal the denial to the SARA director of its regional compact (see SARA Manual). If the denial is upheld by the regional compact, the institution may further appeal to NC-SARA.*

# SARA STATE SUPPLEMENTAL SHEET FOR INSTITUTIONS

As institutions renew their participation in SARA, please feel free to provide comments or information about state-specific provisions, institutional characteristics or additional information specific to any item on this renewal application.

Significant institutional changes relevant to this renewal application:

State-specific topics (i.e., bonding, fee schedule):

Comments to improve efficiency and effectiveness of the SARA initiative: