



In-State Application and Approval Form for Institutional Participation in SARA

Michigan Department of Labor and Economic
Opportunity – Employment & Training
P.O. Box 30726, Lansing, MI 48909
517-335-4000
www.michigan.gov/pss

FOR OFFICE USE ONLY
Approved by: _____
Date Approved: _____
License Number: _____

AUTHORITY: 2015 PA 45

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name of Institution: _____	License Number (if applicable): _____
Mailing Address: _____	
Business Address: _____	
Phone Number: _____	Email Address: _____
Institution OPEID Number: _____	Institution FTE (latest IPEDS): _____
Name, Title, Email and Phone Number of Principal Contact: _____	
Name, Title, Email and Phone Number of Secondary Contact: _____	
A Michigan institution seeking approval to operate under the terms and standards of SARA must meet the following requirements (you must check "YES" to all to be approved.):	
<input type="checkbox"/> Yes	In a SARA member state, the main campus or central administrative unit is domiciled in a state, territory or district that has joined the State Authorization Reciprocity Agreement (SARA) initiative and is authorized to operate in that state. Only distance education content originating in the United States, a U.S. territory, or district and provided from within a SARA state is eligible to be offered under SARA. (Attach documentation)
<input type="checkbox"/> Yes	The institution is a U.S. degree granting institution that is accredited by an accrediting body recognized by the U.S. Secretary of Education and whose scope of authority, as specified by the Department, includes distance education. (Attach documentation of accreditation verification). Name of Accrediting Agency: _____
<input type="checkbox"/> Yes	The institution agrees to notify its home state's SARA Portal Entity of any negative changes to its accreditation status.
<input type="checkbox"/> Yes	For non-public institutions, the institution's most recent federal financial responsibility composite score from the U.S. Department of Education is 1.5 or above, or, if the score is between 1.0 and 1.49, the State Portal Entity can affirm that documentation has been provided to demonstrate financial stability sufficient to justify institutional participation in SARA. If an institution is owned by a "corporate parent", the federal financial responsibility score composite score of its "parent" must meet these requirements. Note: Public institutions leave this blank. FFRCS: _____ Year Reporting (most recent published): _____
<input type="checkbox"/> Yes	The institution agrees to abide by the Interregional Guidelines for the Evaluation of Distance Education .
<input type="checkbox"/> Yes	The institution agrees to be responsible for the actions of any third-party providers used by the institution to engage in operations under SARA.
<input type="checkbox"/> Yes	The institution agrees to work with its Home State's SARA Portal Entity to resolve any complaints arising in SARA states, and to abide by the decisions of the entity regarding resolution of such complaints.

<input type="checkbox"/> Yes	The institution agrees to apply to its Home State's Portal Entity. The application will be submitted with the signature of the institution's chief executive officer or chief academic officer.
<input type="checkbox"/> Yes	The institution agrees to provide notifications to students related to professional licensure. Any institution approved to participate in SARA that offers courses or programs designed to lead to professional Licensure or certification or advertised as leading to Licensure must satisfy all federal requirements for disclosures regarding such Professional Licensure programs under 34§C.F.R. 668.43. For SARA purposes, these requirements will also apply to non-Title IV institutions. For SARA purposes, institutions that are unable, after all reasonable efforts, to determine whether a program will meet state professional licensure requirements shall provide the student or applicant with current contact information for any applicable licensing boards and advise the student or applicant to determine whether the program meets requirements for Licensure in the State where the student is located. An email dedicated solely to this purpose and sent to the student's best-known email address meets this requirement. The institution should use other additional means notify the student, if needed.
<input type="checkbox"/> Yes	The institution agrees that 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 the student did not receive. This may include tuition assurance funds, surety bonds, irrevocable letter of credit, assistance with transfer, teach-out provisions or other practices deemed sufficient to protect consumers.
<input type="checkbox"/> Yes	The institution agrees that it has well-documented policies and practices for addressing catastrophic events. The institution agrees to provide the catastrophic event policy and disaster recovery procedures to the State Portal Entity, if/when requested. Impacted students will receive the services for which they have paid or reasonable financial compensation for those not received. This may include tuition assurance funds, surety bonds, irrevocable letter of credit, assistance with transfer, teach-out provisions, or other practices deemed sufficient to protect consumers. The institution agrees that it and/or its home state has adequate measures to protect student records in the event of closure.
<input type="checkbox"/> Yes	The institution agrees to abide by conditions of provisional approval, if necessary.
<input type="checkbox"/> Yes	The institution agrees to pay to its Home State any State fees for SARA participation required by the Home State for administering SARA.
<input type="checkbox"/> Yes	The institution agrees to pay its annual SARA participation fee to the National Council for State Authorization Reciprocity Agreements (NC-SARA).
<input type="checkbox"/> Yes	The institution agrees to provide data necessary to monitor SARA activities, including annual reporting of distance education enrollments and out-of-state learning placements by state, in accordance with the NC-SARA Data Sharing Agreement and relevant reporting handbooks.
<input type="checkbox"/> Yes	The institution agrees to operate in accordance with and subject itself to the provisions of 2015 PA 45.

FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY – VALIDATION
<input type="checkbox"/> Authorized In-State Distance Education \$4,000 Application Fee = \$2,000 Annual Authorization Fee = \$2,000 Fees are authorized under 2015 PA 45, as amended and are not refundable.	8611-01 = \$4,000	

Institutional Affirmation	
I, the undersigned representative of the above institution, having the authority to commit the institution to operate under the SARA interstate agreement, hereby certify that this institution meets all of the standards and requirements stated herein required for operation under the SARA agreement and 2015 PA 45. I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.	
Printed Name of Signatory Officer: _____	Date: _____
Signature: _____	