



## Intent to seek program Accreditation

This form is for college or university concurrent enrollment programs that wish to seek NACEP accreditation. A program should only submit this form if they are confident that their program meets (or will meet by the full application deadline of July 1) *all* of the NACEP standards (review at [www.nacep.org](http://www.nacep.org)). Please return this form to Dr. Gerald Edmonds, NACEP, 400 Ostrom Ave., Syracuse, NY 13244, fax 315-443-1626 or email [gedmonds@syr.edu](mailto:gedmonds@syr.edu).

Program Name \_\_\_\_\_

College/University \_\_\_\_\_

Year Program was established \_\_\_\_\_

Program Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_  
*Please include area code* *Please include area code*

Program webpage http:// \_\_\_\_\_

Number of Students in Program \_\_\_\_\_

Number of High School Teachers involved with Program \_\_\_\_\_

Number of Courses offered through Program \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_  
*If different from Program Address*

State \_\_\_\_\_ Zip \_\_\_\_\_

Have program representatives attended past NACEP conferences? \_\_\_\_\_

If yes, which conferences? \_\_\_\_\_

\_\_\_\_\_