



National Council  
for State Authorization  
Reciprocity Agreements

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

Institution Name: .....

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

**The chief executive officer (CEO) or chief academic officer (CAO) of the institution completes and submits the application including any state-specific fees and committing to any special requirements permitted by SARA to the state portal entity.**

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 operate under SARA, but this affirmation does not necessarily represent state evaluation of the institution's ability to perform under SARA policies.

An institution seeking approval to operate under the terms and standards of SARA must meet the following requirements:

**INSTITUTION Applicant  
to complete this column**

**STATE Entity to  
complete this column**

CEO or CAO

Initial here

Institution meets  
the requirement

Yes      No

- ..... 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. \* Only distance education content originating in the United States or a U.S. territory is eligible to be offered under SARA \*\*(Attach documentation)
- ..... 2. The Institution retains its accreditation by an accrediting body recognized by the U.S. Secretary of Education. (Attach documentation)
- ..... 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 1.49, 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)

Institution Applicant to  
initial this column  
CEO or CAO initial here

STATE Entity to  
complete this column  
Yes No

- ..... 4. The institution agrees to abide by the *Interregional Guidelines for the Evaluation of Distance Education* and current *NC-SARA Manual*.
- ..... 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.
- ..... 6. The institution agrees to notify its home state’s portal entity of any negative changes to its accreditation status.
- ..... 7. The institution agrees to provide data necessary to monitor SARA activities, including annual reporting of distance education enrollments by state, in accordance with the *NC-SARA Data Sharing Agreement*.
- ..... 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. Agree 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 cannot determine through its contact with relevant licensing entities 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 he or she 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.
- ..... 14. Agree to abide by conditions of provisional approval, if necessary.

\*SARA considers the home campus to be where an institution has its legal domicile. Any disputes about which state is the home state will be resolved for SARA purposes by the affected regional compacts or the National Council (NC-SARA), as needed.  
 \*\*The fact that a foreign institution is owned by a U.S. entity does not qualify distance education originating from the non-U.S. institution to be offered under SARA. Only distance education offerings under the oversight of the U.S. state or territory can be offered through SARA.  
 \*\*\*Complaints must follow the institution’s customary resolution procedure prior to being referred to the state under SARA procedures. Grade appeals and student conduct appeals are not allowed under SARA.

**Institutional Renewal Application for SARA**

**Institutional Designation and Affirmation**

I, the undersigned representative of (institution name) \_\_\_\_\_, 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.

Mailing address of institution:

Institution OPEID number:

Institutional Accrediting Organization:

Institution FTE (latest IPEDS):

Name of principal SARA contact:

Email of principal SARA contact:

Phone number of principal SARA contact:

Name of secondary SARA contact:

Email of secondary SARA contact:

Phone number of secondary SARA contact:

Link to complaint system:

Typed name of institutional signatory officer:

Signature:

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Date signed:

Title of signatory institutional officer:

# 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:

## **State Portal Entity Affirmation**

Institutional application:                      Approved  
   Provisionally Approved (see attached)  
   Returned for Additional Data or information  
   Denied

Conditions related to Provisional Approval

Typed name of state portal entity:

Typed name of state portal entity contact:

Signature:

\_\_\_\_\_

Date signed:

Title of state portal entity contact:

State Portal Entity email and phone