

ANNUAL REPORT AND DATA VERIFICATION

Institution Name: _____

ACCET ID #: _____

Policy Requirements: Institutions accredited by ACCET submit annual reports and related documentation for review in order to assess ongoing compliance with standards, policies, and procedures, including:

- Annual Report and Data Verification (Document 12.a) – Required of all institutions and due 30 days prior to an institution’s fiscal year end to facilitate the subsequent submission of the other annual reporting listed below.
- Annual Report and Enrollment Statistics (Document 12.b) - Required of all institutions and due within 30 days following an institution’s fiscal year end.
- Annual Completion and Placement Reporting (Document 12.c) - Required of all vocational institutions and due by May 1st of each year.
- Annual Financial Reporting - Required of all institutions and due within six months following the institution’s fiscal year end.

Data Verification: Conduct the data verification by: (1) going to the password protected log-in for the Accreditation Management System (AMS), (2) reviewing your institutional data on AMS, and (3) indicating below whether the information about your institution found on the ACCET website/database (AMS) is accurate and complete. If no, identify the correct information below.

- Main Campus Data: Yes No
If no, please identify the correct information: _____
- Additional Sites Data: Yes No
If no, please identify the correct information: _____
- Contacts (Director, etc.): Yes No
If no, please identify the correct information: _____
- Website Address: Yes No
If no, please identify the correct information: _____
- Approved Programs by Site: Yes No
If no, please identify the correct information: _____
- Ownership: Yes No
If no, please identify the correct information: _____
- Type of Institution: Yes No
If no, please identify the correct information: _____

- Fiscal Year End: Yes No
If no, please identify the correct information. _____

- Title IV Status: Yes No
If no, please identify the correct information. _____

Note: It is essential that any data discrepancies, particularly those related to the name and length of your approved programs, be resolved prior to the submission of Document 12.b – Annual Report and Enrollment Statistics and, if applicable, Document 12.c – Annual Completion and Placement Reporting. Please immediately contact ACCET in writing of any required changes and submit application(s) for approval, if applicable (e.g. new programs, ownership changes, additional sites, etc.).

By submitting this form, the undersigned, authorized representative of this institution hereby attests to the accuracy and completeness of the document and all attached supporting documentation.

Authorized Signature: _____ Title: _____

Printed/Typed Name: _____ Date: _____