



**Accrediting Council for Independent Colleges and Schools  
Commissioner Candidate Application Form**

**Please complete and return by October 21, 2011 to:**

**Albert C. Gray  
ACICS Executive Director  
agray@acics.org**

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Section I

Name:

Address:

Telephone:

E-mail Address:

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Section II

1. Are you currently affiliated with an ACICS accredited institution?  yes  no

2. Have you ever served as an ACICS evaluator?  yes  no

If yes, please answer the following:

a. Number of years you have served as an evaluator:

b. Have you participated in an ACICS visit in the past two years?  yes  no

3. Have you ever served on the ACICS Intermediate Review Committee (IRC)?  yes  no

If yes, please answer the following:

a. Number of years you have served on IRC: 0

b. Have you participated in IRC within the past two years?  yes  no

4. Are you currently affiliated with an educational entity?  yes  no

If yes, please check all credentials offered by the entity.

Certificates

Diplomas

Occupational Associate's Degrees

Academic Associate's Degrees

Bachelor's Degrees

Master's Degrees

Doctoral Degrees

5. Please indicate your involvement with distance education. (check all that apply)

not involved

online instructor

curriculum development

6. Do you have a financial background?

yes  no

If yes, please describe.

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Section III

4. If you are affiliated with an ACICS accredited institution, please complete the following:

Name of Institution:

Address of Institution:

Position currently held:

Corporate Affiliation (if applicable):

a. Do you hold any ownership interest in this institution?

yes  no

b. Are you currently a Designated Delegate for an institution?

yes  no

I am interested in (check all that apply)  an appointed position  an elected position

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Section IV

5. If you are not affiliated with an ACICS accredited institution, please complete the following:

Name of Institution/Organization/Company currently affiliated with:

Address:

Position currently held:

a. Are you employed by an institution or program that is either accredited by ACICS or has applied for accreditation with ACICS?  yes  no

b. Are you associated as a member of a governing board, an owner, a shareholder, a consultant or in some other similar capacity with an institution or program that is either accredited by ACICS or has applied for accreditation with ACICS?  yes  no

c. Are you a member of any related, associated, or affiliated trade association or membership organization?  yes  no

If yes, indicate which one(s):

- d. Are you the spouse, parent, child or sibling of an individual identified in questions a – c of Section IV of this application?  yes  no  
If yes, indicate which one(s):

Section V

6. In a separate document, please answer each of the following in no more than 500 words each:
- a. Why you wish to serve on the Council of ACICS.
  - b. Discuss an issue that you feel has been the largest hurdle for private career institutions to overcome in the past five years and what you see as the greatest challenge facing ACICS in the next five years.
  - c. Briefly describe your experience that qualifies you to serve as an academic representative on the Council.

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***This application must be accompanied by a current resume or vitae and copies of transcripts and/or diplomas for all credentials earned. All information must be submitted in electronic format via e-mail. Please submit applications to:***

***Dr. Albert C. Gray, [agray@acics.org](mailto:agray@acics.org)***