

# ***Associate Membership Plan***



**Complete the following material and return to:**

**National Association for Health Professionals  
PO Box 459  
Gardner, KS 66030**

**(800) 444-0839**

## The National Association for Health Professionals

### The Associate Membership Plan

The National Association for Health Professionals (NAHP) is an association dedicated to the further educational development of the graduate students of private career schools and business colleges. The three primary objectives of the NAHP are as follows:

- \* To promote higher educational standards used by schools to assure continuing competence
- \* To assist the private career schools through better retention programs for students as well as teachers
- \* To develop nationally recognized health occupational credentialing

The association has an advisory board of physicians, dentists, and allied health professionals to give a good balance of quality to the public.

While NAHP is not an accrediting agency for federal funds, it is an association that has standards of requirements for associate membership.

NAHP does not interfere with your school's objectives. It is concerned with your course of study, syllabus, and teaching guides. NAHP is concerned whether or not your curriculum and instructional materials are current with present day health practice.

### NAHP Recommendations for Associate Members

NAHP recommends a student/teacher ratio not to exceed 25:1.

NAHP recommends an appropriate refund and cancellation policy on a prorated basis.

NAHP recommends an active student services program, such as, placement, counseling, and retention.

NAHP recommends that all school advertising and school promotions be in compliance with the ethical standards set forth by federal recognized accrediting agencies.

NAHP recommends that instructor's experience be at least three years, and have an educational background relative to their particular subject.

National Association for Health Professionals

Application for School Approval

(Submit one original and one copy)

Secretary  
National Association for Health Professionals  
PO Box 459  
Gardner, KS 66030

Dear Secretary:

We wish to apply for associate membership on the NAHP. Enclosed is a copy of each instructor's vitae.

Also enclosed is an outline of our college syllabus and a copy of our college catalog, and our one time application fee of \$100.00.

It is agreed that we will not make any promotional use of our application until approval has been received.

This school, its owners or administrators (are, are not) \_\_\_\_\_ affiliated with any other schools. Attached is a listing by name and address of affiliated schools.

We are located in the (number) \_\_\_\_\_ U.S. Congressional District. The name and address of our congressman is: \_\_\_\_\_

Sincerely, \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_  
Address \_\_\_\_\_

Submitted by \_\_\_\_\_

Prepared by \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

## Self Evaluation Guide

### Catalogue

As required by Federal law, no student is to be enrolled into school without the benefit of first seeing the school's catalogue. Your school's catalogue should contain the following:  
(Please fill in the page number along side the corresponding information)

\_\_\_\_\_ Full name, address and phone number of your school

\_\_\_\_\_ The date of your catalogue publication

\_\_\_\_\_ A statement of your school's philosophy

\_\_\_\_\_ Course description

\_\_\_\_\_ Course length in clock hours, months, or weeks

\_\_\_\_\_ Refund policy

\_\_\_\_\_ Policies relating to absences, conduct, termination, etc.

\_\_\_\_\_ Placement assistance

\_\_\_\_\_ Tuition and other miscellaneous charges

\_\_\_\_\_ Class start dates

\_\_\_\_\_ Housing

\_\_\_\_\_ Holidays

\_\_\_\_\_ Grading systems

\_\_\_\_\_ A description of your facilities

\_\_\_\_\_ Class cancellation policies

\_\_\_\_\_ Accreditations

\_\_\_\_\_ Associations

\_\_\_\_\_ Approvals

\_\_\_\_\_ Student Services

\_\_\_\_\_ Administrative staff

### Recruitment

- \_\_\_\_\_ All school representatives recruiting students shall be in full compliance with local and state laws and shall have such license or registration as may be required by law.
- \_\_\_\_\_ School officials are responsible for all materials presented to the public for recruitment.
- \_\_\_\_\_ No funds accepted for enrollment are to be received without first giving the applicant a copy of the enrollment agreement and a receipt, and the enrollment is not binding until it is accepted by the proper school officials.
- \_\_\_\_\_ No students presently enrolled in other schools are to be encouraged to leave that facility to attend yours.

### Equipment

- \_\_\_\_\_ Equipment should be similar to the common practice of the occupation.
- \_\_\_\_\_ There should be sufficient equipment for each student to receive hands-on training in his or her scheduled class time.
- \_\_\_\_\_ All Equipment should have adequate safety devices to prevent any injury to students.

### Student Services

- \_\_\_\_\_ All faculty members should be responsive to student needs.
- \_\_\_\_\_ Faculty members should be available for students needing tutorial aid. However, they are not to be referred to as counselors unless qualified as such.

### Admissions

- \_\_\_\_\_ No discrimination on the basis of race, creed, color, sex, or national origin.
- \_\_\_\_\_ Full disclosure of the course description and the reasonable assuredness of the applicant's ability to complete the course.
- \_\_\_\_\_ Complete certainty that the applicant will be able to mentally and physically use the training for employment in the field for which the training was designed.
- \_\_\_\_\_ Written statements and records must be on hand for verification that the student has the ability to benefit.

- \_\_\_\_\_ Enrollment agreements clearly outline the obligations of both school and student.
- \_\_\_\_\_ Enrollment agreements boldly explain refund and/or cancellation policies.
- \_\_\_\_\_ Payment is not accepted until after the student has received a copy of the enrollment agreement.
- \_\_\_\_\_ Tuition is the same for every student for any specific course at any given time, the exception being for special governmental group rates.

#### Advertising

- \_\_\_\_\_ All advertising must clearly state that the training and not employment is being offered.
- \_\_\_\_\_ Advertising shall not be placed in the “help wanted” section of the newspaper.
- \_\_\_\_\_ No implication of “guaranteed employment” is to be made.
- \_\_\_\_\_ All advertising is kept truthful and shall be void of any false or misleading statements.
- \_\_\_\_\_ Any pictures of buildings not owned by the school shall state the amount of space occupied by the school.
- \_\_\_\_\_ Scholarships are not to be used for recruiting, rather are to be used in the reduction of tuition.
- \_\_\_\_\_ Testimonials and endorsements must be factual and kept on file.

Instructional Personnel  
 (Please type or print)

Exhibit 56442-B

School \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Instructor Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date of Employment \_\_\_\_\_  
 Responsibilities \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Job Description	Number of Hours Worked		
	Morning	Afternoon	Evening
Lab Instruction			
Lecture Instruction			
Other			
Totals			

Employment History:

Exhibit 56442-C

Employer & Address	Month-Year From-To	Job Title & Responsibilities

Education:

Exhibit 56442-D

School & Address	Month-Year	Major	Diploma/Degree

Please check below the services you have the most need or interest in:

- Student retention
- Review books
- Instructor education programs
- Curriculum
- Student insurance
- Admissions training guides
- Admissions videotapes
- Student services programs



# Test Site Request Form

School \_\_\_\_\_

Address \_\_\_\_\_

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

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

Position \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail \_\_\_\_\_



## Designated Proctor

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail \_\_\_\_\_



**This application is for the purpose of test site status only. All privileges and benefits of full associate membership will not apply. This application must accompany all school and instructor information required for full associate membership.**

**NO FEE IS REQUIRED FOR TEST SITE STATUS**

**FOR QUESTIONS CALL 1-800-444-0839 or 1-888-267-4090**

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P.O. Box 459  
Gardner, KS 66030**