



# American Council for Construction Education

## Application for Construction Education Program Quality Assurance Review

Name of Organization: \_\_\_\_\_

Program Submitted for Recognition: \_\_\_\_\_

Date Program Established: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ How long in Business: \_\_\_\_\_

Organizational Structure: \_\_\_\_\_

Does the Organization have an Education Mission Statement? If so, please state:

\_\_\_\_\_  
\_\_\_\_\_

Background of Organization (attachments recommended): \_\_\_\_\_

Please give a brief description (100 words or less) of the programs offered. Include how often they are offered, what the participant receives and delivery method of program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Authorized Program Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_