



DISCLOSURES FOR STATE-SPECIFIC EDUCATIONAL REQUIREMENTS FOR LICENSURE OR CREDENTIALING

The purpose of this form is to assist institutions and programs in determining compliance with standard V.H.4. of the [Accreditation Manual](#).¹

NAME OF INSTITUTION: The Nurse Academy

ABHES ID: I-435

ADDRESS: 2345 E. 8th Street, Suite 113

CITY: National City **STATE:** CA **ZIP:** 91950

WEBSITE ADDRESS: Thenurseacademy.com

The following screening questions are provided to determine how standard V.H.4. applies to an ABHES program(s):

Screening Question #1:

Does the institution offer any program designed to meet educational requirements for specific licensure or credentialing required for employment in the field in the state(s) where enrolled students are *physically located**?

Yes No

- If YES, then complete this form in its entirety for applicable program(s).
- If NO, proceed to Screening Question #2.

Screening Question #2:

Does the institution offer any program that it advertises is designed to meet educational requirements for specific licensure or credentialing?

- If YES, then complete this form in its entirety for applicable program(s).
- If NO to both screening questions, then the institution must check this box and state in its Self-Evaluation Report (SER) or other applicable ABHES correspondence that “standard, V.H.4. does not apply to the program(s) offered at this time.”

¹ This disclosure is also required under 34 Code of Federal Regulations § [668.43\(a\)\(5\)\(v\)](#) and § [668.43\(c\)](#).

*Notes: **Physically located** references the state where students indicate they are located at the time of application or enrollment and upon receipt of information from students that their location has changed.*

*The ABHES definition of **direct notice** is notification provided to an individual on a one-on-one basis through an appropriate mailing or publication, including direct mailing through the U.S. Postal Service, campus mail, or electronic mail. Posting on a website alone is not sufficient direct notice.*

PART A

This section must be completed for any institution that answered “Yes” to either of the above screening questions for program(s) designed or advertised to meet educational requirements for specific licensure or credentialing.

Program Name	Method(s) of Delivery* (Residential; Blended; and/or Full Distance Education, as applicable)	Credential Awarded (Diploma, Certificate, or Type of Degree)	Name of License or Credential Required for Employment in field**	Name of License or Credential Advertised ***
Ex. Nursing	Residential; Blended	Diploma	NCLEX-PN	NCLEX-PN
Vocational Nursing	Residential	Certificate	NCLEX-PN	NCLEX-PN

***Method of Delivery:** Identify the delivery method(s) utilized in each program per the most recent ABHES approval letter or as reflected in the initial accreditation application.

****Name of License or Credential:** Identify the name of the license or credential required per state law for program graduates to obtain employment in the field (e.g., passing the NCLEX examination is required in most states for graduates of a nursing program to obtain licensure to work in the field).

*****Name of the License or Credential Advertised:** For program(s) advertised by the institution to meet educational requirements for specific licensure or credentialing, identify the name of the license or credential in the designated column. For example, an institution may advertise that graduates of its occupational therapy assistant program may be eligible to sit for the Certified Occupational Therapy Assistant (COTA) credential. If this credential is not mandated by state law for graduates to obtain in-field employment, but the institution advertises that completion of its occupational therapy assistant program provides eligibility for that credential, then COTA should be identified in the designated column as the name of credential advertised.

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PART B

This section must be completed for any institution that answered “Yes” to either of the above screening questions for program(s) designed or advertised to meet educational requirements for specific licensure or credentialing required for employment in the field.

The institution is required to evidence that it provides general disclosures regarding whether completion of a program would be sufficient to meet licensure or credentialing requirements in the state where the student is *physically located** for that occupation by placing each state in one of the following categories:

Program Name and Credential Awarded	Indicate <i>state(s)</i> * where enrolled students are physically located.	List the <i>state(s)</i> * where the institution determined that program curriculum meets the state educational requirements for a license or credential COLUMN A - V.H.4.(i)a	List the <i>state(s)</i> * where the institution determined that program curriculum does not meet the state educational requirements for a license or credential COLUMN B - V.H.4.(i)b	List the <i>state(s)</i> * where the institution has not determined whether its curriculum meets the state educational requirements for a license or credential COLUMN C - V.H.4.(i)c
Vocational Nursing - Certificate	CA	CA	N/A	AL, AK, American Samoa, AZ, AR, CO, CT, DE, FL, GA, Guam, HI, ID, IL, IA, KS, KY, LA, ME, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, N. Marianas Island, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, Virgin Islands, WA, WV, WI, WY

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*Per the ABHES Glossary, "State(s)" is defined as the 50 United States of America, including the District of Columbia and the U.S. Territories.

- 1) **Describe where the institution provides general disclosures regarding whether completion of the program(s) would be sufficient to meet licensure or credentialing requirements where the student is *physically located****.
 School Catalog

- 2) **Describe how the institution determines where students are *physically located**** at the time of admission.
 Mailing/Physical address is a required field on the Admission Application. This is filled up by the student.

- 3) **For each prospective or enrolled student located in the state(s) identified in **Column B** and **Column C**, describe how the institution provides *direct notice** of the institution's determination whether completion of the applicable program(s) would be sufficient to meet licensure or certification requirements.**
 This is covered in the School Catalog under NCLEX application.

- 4) **Describe how the institution determines if a student's physical location has changed to another state since admission.**
 The students are required to notify the school whenever there is a change of physical address.

- 5) **Describe how the institution or program provides *direct notice** within 14 calendar days to students after a determination that their physical location changed to another state or if the institution has revised their determination of the program's sufficiency.**
 Once the school is notified about the change of address, the school will generate a letter confirming the student's mailing address within 14 days.

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ATTESTATION

I certify to the best of my knowledge that the information submitted within this form is current and correct. I understand that it is the institution's responsibility to demonstrate compliance with the ABHES Accreditation Standards as outlined in the *Accreditation Manual* and that the Commission's deliberations and decisions are made on the basis of the written record.

I understand that failure to evidence the information provided herein and attached hereto this form may result in a delay and/or the Commission taking a negative action.

Authorized (Original) Signature:

A handwritten signature in blue ink that reads "Alfie Ignacio". The signature is written in a cursive style and is placed over a light blue rectangular background.

Name: Alfie Ignacio

Title: Chief Executive Officer

Date: Sunday, September 18, 2022

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