Application for CAEMHSE Accreditation of a Program

Programs must be *current* members of CAEMHSE to apply for accreditation, and annual membership must be maintained as a condition of accreditation. Membership in the CAEMHSE is open to interested educational institutions. Non-accredited institution dues are $100 per year, and accredited program dues are $500 per year.

Directions for completing the self-study and a timeline for Council approval is available in the CAEMHSE *Emergency Management &* *Homeland Security Education Self-Study Guide for Accreditation*, which is available in PDF format on the Council website. Accreditation is granted for five to ten years.

Programs that desire to accredit more than a single academic program (e.g., bachelor’s degree and a master’s degree, or an emergency management program and a [separate] homeland security program), should make an abbreviated application for each.

From the date of Application, programs have two years to complete the initial accreditation process. The accreditation process includes completion of a self-study that is read and assessed by independent readers (CAEMHSE Assessors), and a site visit (or virtual visit) by experienced academic and practitioner emergency management personnel as representatives of the Council.

A Microsoft Word copy of this application will be furnished upon request.

**Mail the completed accreditation application form (begins on the next page), with attachments, and the $400.00 application fee (plus $100 for membership, and $100 per each additional program to be assessed, if any).**

**A check (or purchase order) made payable to CAEMHSE, or to the Council for the Accreditation of Emergency Management and Homeland Security Education, at the following address:**

**1589 Skeet Club Road**

**Suite 102-109**

**High Point, NC 27265**

**Programs should send a check, or a Purchase Order (to generate an invoice).**

CAEMHSE is a nonprofit corporation under Section 501(c)(4) of the IRS: Federal ID # 47-1389432

APPLICATION FOR CAEMHSE ACCREDITATION

|  |  |
| --- | --- |
| Date of Application |  |
| Institution Contact InformationName of Program / Department |  |
| * Institution
 |  |
| * Address
 |  |
| * Institution Point of Contact
 |  |
| * Address (if different from above)
 |  |
| * Phone number(s)
 |  |
| * Email address
 |  |
| Program Accreditation Information | Program(s) to be Assessed: □ Emergency Management □ Homeland Security □ Both or Combination  |
| * Degree level of program(s) (Associate’s, Baccalaureate, Master’s)
 |  □ Associate’s □ Bachelor’s □ Master’s |
| * Total number of Programs to be assessed (see Application Fee below)
 |  |
| * Is this an initial accreditation application?
 | □ Yes □ No  |
| * Is this a re-accreditation application? If yes answer the following:
1. Year of initial accreditation
2. Year of last accreditation
3. Year of last site visit
 | □ Yes □ No 1. \_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_
 |
| * Is this program offered exclusively online?
 | □ Yes □ No |
| * Is this program offered at multiple sites? (Assessment Fee may change)
 | □ Yes □ No |
| * Member of CAEMHSE (or CAEME) since
 | Year \_\_\_\_\_\_\_\_\_\_\_ |
| * Membership paid up through
 | Year \_\_\_\_\_\_\_\_\_\_\_ (CAEMHSE year is Aug.–Jul.) |

|  |  |
| --- | --- |
| Program Director/Chair |  |
| * Department
 |  |
| * Name and title
 |  |
| * Address
 |  |
| * Phone number(s)
 |  |
| * Email address
 |  |
| Responsible for Self-Study  (if different) | *Note: Unless otherwise noted, mail will be addressed to this person.* |
| * Name and title
 |  |
| * Address (if different from above)
 |  |
| * Phone number
 |  |
| * Email address
 |  |
| **Additional Information** |  |
| Application Fee | $400 (plus $100 per additional program or degree level) |
|  | Send check, or Purchase Order (for an invoice) |
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