

ACAHM ATTESTATION/SIGNATURE PAGE: SELF STUDY AND OTHER REPORTS

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF FORMED AFTER REASONABLE INQUIRY:

1. The information submitted herein is true, accurate and complete.
2. The requesting institution is currently in compliance with all ACAHM Standards, Criteria and policies, and meets all federal requirements pertaining to the administration of Title IV federal student aid (if applicable).
3. The requesting institution is not currently under or recommended for negative status or action (e.g., sanction, warning, probation, show cause, adverse action, provisional status, heightened cash monitoring, etc.) in its relationship(s) with the U.S. Department of Education and/or any regional, specialized, or national accrediting agencies.
4. The requesting institution is not currently undergoing or facing substantial monitoring, special or focused review, or financial restrictions from the U.S. Department of Education, Homeland Security, or other federal or state governmental agencies.
5. The requesting institution's management and governing board/ownership have reviewed ACAOM's Standards, Criteria and policies and the institution operates and will continue to operate in accordance with same.

Institution

Program(s) included in Self Study or other Report submission

Checking this box and entering my full name and date below constitutes my signature for all legal purposes.

Chief Executive Officer

Date

Checking this box and entering my full name and date below constitutes my signature for all legal purposes.

Chair, Governing Board

Date

IF THE INSTITUTION CANNOT ATTEST TO ONE OR MORE PARTS OF THE STATEMENT ABOVE, PLEASE EXPLAIN: