

Organization Name:

Description: *Please provide 1-2 paragraphs on your organization's profile, offerings, and mission to be featured on CredentialFinder.org.*

Provider Type:

Provider Sector Type

Website:

Provider Contact Information:

|                |      |       |     |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

Primary Contact Person:

|      |       |       |
|------|-------|-------|
| Name | Email | Title |
|------|-------|-------|

Secondary Contact Person:

|      |       |       |
|------|-------|-------|
| Name | Email | Title |
|------|-------|-------|

Is the organization approved by a quality assurance entity?      Yes      No

If yes, please name the quality assurance entity/ies.

Does your organization offer instruction primarily to those with high school diplomas or the equivalent?      Yes      No

Is your organization licensed to operate as a postsecondary institution in the State of Alabama?      Yes      No      Exempt

Is your organization a member of the National Council of State Authorization Reciprocity Agreements (NC-SARA)?      Yes      No

**Internal Use Only**  
 Provider CTID:

**Submit completed forms to**  
[alcredentials@ache.edu](mailto:alcredentials@ache.edu)

List other instructional sites below.

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Street Address

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Zip

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Street Address

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