

APPLICATION FOR CCIE ACCREDITATION

*This application constitutes a declaration of intent on the part of the institution sponsoring the below-named interpreter education program to begin the process of accreditation with the Commission on Collegiate Interpreter Education. The CCIE accredits Interpreter Education Programs awarding degrees at the associate and bachelor’s levels. Qualifications for applying include: 1) being housed in a nationally accredited institution, 2) having a capstone practicum, and 3) having graduated at least three classes. After completing this application, print it, obtain the necessary signatures on the final page and send it via email to* *president@ccie-accreditation.org**.*

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| --- |
| **Name of Program Applying:**    |

**INSTITUTIONAL DATA**

**1. Sponsoring Institution**

|  |
| --- |
| Official Name of Institution:       |
| Address:       |
| City:       | State:       | Zip Code:       |

**2. Type of Institution (select all that apply)**

|  |
| --- |
| [ ]  Institution offers bachelor’s degrees |
| [ ]  Institution offers associate degrees |

**3. Nature of Institution (check one)**

|  |
| --- |
| [ ]  Public |
| [ ]  Private, not-for-profit |
| [ ]  Private, for-profit  |

4. **Institutional Accreditation**

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| Accreditation Agency Name:       |
| Date of Most Recent Accreditation:       |
| Status of Most Recent Accreditation:       |

**PROGRAM DATA**

**5. Program**

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| --- |
| Official Name of Program:       |
| Degree offered: |
| Address:       |
| City:       | State:       | Zip Code:       |
| Phone Number:       | Fax:       | E-mail:       |

**6. Program Director or Coordinator**

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| --- |
| Name:       |
| Academic Credentials:  |
| Interpreting Certifications: |
| Administrative Title:       |
| Phone Number:       | Fax:       | E-mail:       |

**7. Department Chair or Administator** (if different from Program Director)

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| --- |
| Name:       |
| Academic Credentials:  |
| Interpreting Certifications: |
| Administrative Title:       |
| Phone Number:       | Fax:       | E-mail:       |

**8. Individual who will coordinate Self-Study Report** (if different from Program Director)

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| --- |
| Name:       |
| Academic Credentials: |
| Interpreting Certifications: |
| Administrative Title:       |
| Phone Number:       | Fax:       | E-mail:       |

**9. The Program operates on a:**

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| [ ]  Semester System |
| [ ]  Trimester System |
| [ ]  Quarter System |
| [ ]  Co-op System |

**10. If the degree-granting program is offered at multiple sites, please indicate locations:**

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|  |

**11. Please answer the following:**

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| **Application Prerequisites** |

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| a. Does the program reside within a nationally accredited institution? Yes / No --      |
| Explanation (only if necessary): |

|  |
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| b. Does the program have a practicum? Yes / No --       |
| Explanation (only if necessary): |

|  |
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| c. Has the program graduated at least three classes of students: Yes / No --       |
| Explanation (only if necessary):      |

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| **Other Information** (the CCIE will use this information in forecasting the resource needs placed on CCIE and the Rater pool during the process. These are not prerequisites for applying to CCIE) |

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| a. Month and year program first accepted students:       |
| b. Length of program (in years):       |
| c. Average number of graduates per year:       |
| d. Total number of graduates to date:       |
| e. Number of full-time faculty assigned to the program:       |
| f. Number of part-time faculty assigned to the program:       |

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**SIGNATURE PAGE:**

**12. Program Director or Coordinator**

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| Name:       |
| Administrative Title:       |

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

**13. Dean or Administrator**

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| Name:       |
| Administrative Title:       |

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

**14. President of Institution or Designee**

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| Name:       |
| Administrative Title:       |

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

When completed, retain a copy for your records and email a copy to CCIE at president@ccie-accreditation.org.

For Official Use Only:

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| Date Received:      |
| Initials:       |