

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-2797

APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

RECEIVED
SEP 16 2013
S.D. SEC. OF STATE

Please mark the appropriate box:

- INITIAL APPLICATION CHANGE OF PRIMARY ADDRESS
 CHANGE OF NAME CHANGE IN ADDITIONAL SITES (ATTACHMENT A)
 CHANGE IN ACCREDITATION OTHER CHANGE(S)

1. Name of Applicant (*the institutional name under which postsecondary educational programs are provided*):

Bryan College of Health Sciences

2. Applicant's Main Address (*Additional sites listed on Attachment A*):

5035 Everett St.

(Street Address)

Lincoln

(City)

NE

(State)

68506-1398

(ZIP Code)

bryanhealthcollege.edu

(Website)

3. Contact Person:

Kay Maize

(Name)

402-481-8602

(Telephone Number)

kay.maize@bryanhealth.org

(Email Address)

Provost

(Title)

402-481-8421

(Fax Number)

4. Does the Applicant operate at other sites than the address stated above? YES NO

If "YES", please be advised that Attachment A to this Application must be completed, which shall comprise part of this Application, and any subsequent changes to the information provided in Attachment A must be submitted with a revised Application to the Secretary of State Office, within thirty (30) days of such change.

5. Does the Applicant have a parent organization (non-profit, corporate, or otherwise)? YES NO

If "YES", please indicate the following:

Bryan Medical Center

(Parent Organization Name)

1600 S. 48th St.

(Street Address)

Lincoln

(City)

NE

(State)

68506

(ZIP Code)

6. Is the Applicant an instrumentality of the State under the jurisdiction of the South Dakota Board of Regents?

YES NO

If "NO", please indicate whether the Applicant is either (check one of the following):

An instrumentality of another state (please list the state agency which has jurisdiction over Applicant)

State Nebraska Agency Nebraska Coordinating Commission for Postsecondary Education

Address P.O. Box 95005

City Lincoln State NE Zip Code 68509-5005

Contact Phone Number 402-471-2847

Contact Website www.ccpe.state.ne.us

Legally established to operate in South Dakota as a private business entity

South Dakota Corporate ID _____

South Dakota Corporate Name _____

Legally established to operate in South Dakota as a not-for-profit corporation.

South Dakota Corporate ID _____

South Dakota Corporate Name _____

7. Is the Applicant accredited by an accrediting agency recognized by the United States Department of Education?

YES

Accrediting Agency: Higher Learning Commission - North Central Association

230 South LaSalle St. Suite 7 - 500

(Street Address)

Chicago

(City)

IL

(State)

60604-1411

(ZIP Code)

Effective date of most recent grant of accreditation:

Last reaffirmation of accreditation 2008-2009

Term or expiration date of most recent accreditation:

Next reaffirmation of accreditation 2013-2014

NO Application submission must include documentation of an affiliation agreement whose terms make another postsecondary institution, which is accredited by an accrediting agency recognized by the United States Department of Education, responsible for awarding academic credit and educational credentials to its students and maintaining transcripts for such students:

The undersigned acknowledges that Applicant is required to notify the Secretary of State Office within thirty (30) days of a change in information set forth in this Application, including any changes in information set forth in any Attachments or other accompanying information. The undersigned has executed the foregoing document and, under penalties of perjury, certifies that the information provided herein, and in support thereof, is true and correct.

The application must be signed by an authorized officer of the postsecondary educational institution:

Dated 9-16-13

Kay Maize
(Signature of an authorized officer)

Kay Maize
(Printed name)

Provost
(Title)

Submit Application to:
South Dakota Secretary of State
Corporations Division
500 East Capitol, Suite 204
Pierre, SD 57501

Or email us at:
SOS.EDU@state.sd.us

Exemptions

If the institution falls under one or more of the following categories, the institution is exempt from registering.

- Established by the government of the United States;
- Established by the government of an Indian tribe whose tribal lands are located, in whole or in part, in South Dakota;
- Established, owned, controlled, operated, and maintained by a religious organization lawfully operating as a nonprofit religious corporation and awarding only religious degrees or certificates for the purpose of conferring clerical status or authority within that religion; or
- Subject to the jurisdiction and regulations to the South Dakota Cosmetology Commission.

ATTACHMENT A

ADDITIONAL SITES AT WHICH APPLICANT OPERATES EDUCATIONAL PROGRAMS

(Must be accompanied by an Application for Certificate of Authorization to Provide Postsecondary Education)

1. No official "sites"
(Name)
See attached letter for description
(Street Address)

(City) (State) (ZIP Code)

2. _____
(Name)

(Street Address)

(City) (State) (ZIP Code)

3. _____
(Name)

(Street Address)

(City) (State) (ZIP Code)

4. _____
(Name)

(Street Address)

(City) (State) (ZIP Code)

(Make additional copies of this Attachment as may be necessary and submit with Application)

September 16, 2013

South Dakota Secretary of State Jason Grant
Corporations Division
500 East Capitol, Suite 204
Pierre, SD 57

Secretary Grant:

I am attaching the Application for Certificate of Authorization to Provide Postsecondary Education for Bryan College of Health Sciences.

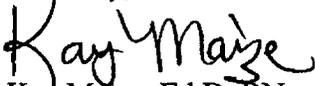
Our college will not be physically present in South Dakota to offer courses, but students enrolled in our health sciences programs may be completing a clinical experience at a South Dakota healthcare facility. These experiences are supervised by qualified preceptors in the healthcare facility. These students are our Lincoln campus based students, but may request a site in South Dakota to complete part of their clinical training.

We also offer two certificate programs in an on-line format and a health sciences degree completion option for healthcare providers previously educated at the associate level. While we do not have any currently enrolled students from South Dakota, in the future that may be a possibility.

We have not been able to seek clarity on whether the type of experience above requires a certificate of authorization. We are submitting the application if it is appropriate to our situation. Please advise if further information or clarification is needed.

Thank you for your assistance.

Sincerely,



Kay Maize, Ed.D. RN

Provost

Bryan College of Health Sciences

5035 Everett St.

Lincoln, NE 68506-1398

Work: (402)-481-8602

Fax: (402)-481-8421

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