

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

## APPLICATION FOR CERTIFICATE OF AUTHORIZATION TO PROVIDE POSTSECONDARY EDUCATION

RECEIVED  
MAY 01 2014  
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*):

Northwestern Health Sciences University

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

2501 W. 84th Street

(Street Address)

Bloomington

(City)

MN

(State)

55431

(ZIP Code)

www.nwhealth.edu

(Website)

3. Contact Person:

Dr. Michael Wiles

(Name)

952-886-7582

(Telephone Number)

mwiles@nwhealth.edu

(Email Address)

Provost and Vice President for Academic Affairs

(Title)

952-886-7564

(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:

\_\_\_\_\_  
(Parent Organization Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(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 Minnesota Agency Office of Higher Education

Address 1450 Energy Park Drive, #350

City Saint Paul State MN Zip Code 55108

Contact Phone Number 651-642-0533

Contact Website www.ohe.state.mn.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 of the North Central Association of Colleges and Schools

230 South LaSalle Street, Suite 7-500

\_\_\_\_\_  
(Street Address)

Chicago

\_\_\_\_\_  
(City)

IL

\_\_\_\_\_  
(State)

60604

\_\_\_\_\_  
(ZIP Code)

Effective date of most recent grant of accreditation: May 2010

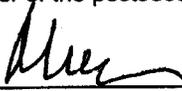
Term or expiration date of most recent accreditation: May 2020

- 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 4/30/14

  
\_\_\_\_\_  
(Signature of an authorized officer)

Michael R. Wiles, D.C., M.Ed.  
\_\_\_\_\_  
(Printed name)

Provost and Vice President for Academic Affairs  
\_\_\_\_\_  
(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](mailto: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. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(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)



# The Higher Learning Commission

30 North LaSalle Street, Suite 2400 | Chicago, Illinois 60602-2504 | 312-263-0456  
800-621-7440 | FAX: 312-263-7462 | www.ncahigherlearningcommission.org

## STATEMENT OF AFFILIATION STATUS

NORTHWESTERN HEALTH SCIENCES UNIVERSITY  
2501 West 84th Street  
Bloomington, MN 55431-4777

*Affiliation Status:* Candidate: 1986  
Accreditation: (1988- )

### PEAQ PARTICIPANT

### Nature of Organization

*Legal Status:* Private NFP  
*Degrees Awarded:* A, B, M, D

### Conditions of Affiliation

*Stipulations on Affiliation Status:* Accreditation is limited to the Applied Associate of Science in Massage Therapy, Bachelor of Science in Human Biology, Master of Acupuncture, Master of Oriental Medicine, Master of Health Sciences with a concentration in Diagnostic Imaging, and Doctor of Chiropractic. Additional course offerings at the Master's level are limited to five courses or twenty semester hours per year.

*Approval of New Additional Locations:* Prior Commission approval required.

*Approval of Distance and Correspondence Courses and Programs:* New Commission policy on institutional change became effective July 1, 2010. Some aspects of the change processes affecting distance delivered courses and programs are still being finalized. This entry will be updated in early 2011 to reflect current policy. In the meantime, see the Commission's Web site for information on seeking approval of distance education courses and programs.

*Reports Required:* None.

*Other Visits Scheduled:* Focused Visit-Mandated, 2011-2012; (By May, 2012) A visit focused on governance and academic oversight.

### Summary of Commission Review

*Year of Last Comprehensive Evaluation:* 2009-2010  
*Year for Next Comprehensive Evaluation:* 2019-2020  
*Date of Last Action:* 09/20/2010

### Name Change:

Northwestern College of Chiropractic to Northwestern Health Sciences University (8/18/99)



## ORGANIZATIONAL PROFILE

### NORTHWESTERN HEALTH SCIENCES UNIVERSITY

2501 West 84th Street  
Bloomington, MN 55431-4777

#### Enrollment Demographics (by headcount) (HLC Posted: 04/22/2010)

	<u>Full-Time</u>	<u>Part-Time</u>
Undergraduate:	56	47
Graduate:	730	34

#### Educational Programs (HLC Posted: 09/13/2010)

		<u>Program Distribution</u>	<u>Total Awarded</u>
Leading to Undergraduate degrees:	Associate	1	0
	Bachelors	1	44
Leading to Graduate degrees:	Masters	3	35
	Specialist	0	0
	Doctoral	1	188
Certificate Programs:		2	65

#### Dual Enrollment (HLC Posted: 04/22/2010)

Headcount in all dual enrollment (high school) programs 0

#### Off-Campus Activities (HLC Posted: 04/22/2010)

In-State:   Campuses:       None  
              Additional Locations: None  
              Course Locations: None

Out-of-State: Campuses:       None  
              Additional Locations: None  
              Course Locations: None

Out-of-U.S.: Campuses:       None  
              Additional Locations: None  
              Course Locations: None

#### Distance Education Programs (HLC Posted: 04/22/2010)

None

#### Correspondence Education Programs (HLC Posted: 04/22/2010)

None