



ACCREDITATION APPLICATION

Complete PART A - Email to cisnaoffice@isna.net or Fax: 317-839-1840 or Mail: P.O Box 38, Plainfield, IN 46168

PART A			
Name of School:			Date:
CISNA Member <input type="checkbox"/>	Non-CISNA Member <input type="checkbox"/>	New/Non-CISNA Member schools must also fill out a CISNA Membership Application	
Address:			
City:		State:	ZIP:
Email:		Phone:	
Website:		Fax:	
Principal/Head of School:			
Other Accreditation:			
<p>Payment Details</p> <p>One-time Nonrefundable Application Fee: \$250.00 Please note that if the school is accredited, annual fees will apply. Schools with 200 students or less - \$300.00; Schools with 201 students or more \$400.00 Make Check payable to CISNA or Select Credit Card:</p> <p style="text-align: center;"> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> </p>			
Name on Card:			
Signature:		Date:	
Card No:		Expiration Date:	Amount:

PART B: FOR CISNA OFFICE USE ONLY	
Date Received	
Access Provided	
Standards Completed	
External Review Date	
External Review Team Member	
Report Completed	
Report Approved	
Memo	