



**APPLICATION FOR THE TEACHER EDUCATION ACCREDITATION COUNCIL, INC.**  
**Candidate Status**

To qualify as a candidate, the professional education program must meet the eligibility requirements outlined in the *Guide to Accreditation*. Applicants agree to abide by the TEAC principles of quality, bylaws, and rules and regulations. The application has the approval of the faculty and administration of the teacher education unit, the institution's chief academic officer, and the institution's president/CEO.

1. Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Website \_\_\_\_\_

2. Total Institutional Enrollment \_\_\_\_\_ Year Founded \_\_\_\_\_

3. Institutional Affiliation    Public \_\_\_\_\_    Independent \_\_\_\_\_    Tax Assisted \_\_\_\_\_

4. Administrative Officers

President/CEO

Name \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Vice President for Academic Affairs

Name \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Education Unit Administrator

Name \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

5. Enrollments and number of faculty in each professional education program:

Programs	Students		Faculty*	
	Undergraduate	Graduate	Full	Part-time
Teacher Education				
Administration				
Counseling				
School Psychology				
Other				
<b>Totals</b>				

\*Faculty who are directly involved in the program in question

6. Regional or Other Accrediting Agency \_\_\_\_\_

Specialized Accrediting Body(ies) \_\_\_\_\_

7. Electronic documents (as attachments) or links (preferred) to access the following information:

- a. Evidence that graduates satisfy state licensure or other requirements for teaching public or private P-12 schools
- b. Copies of current catalogs and other descriptive publications, including the academic calendar
- c. Copies of the letters of accreditation from regional and program accreditors

8. Application fee of \$2,862 payable to the Teacher Education Accreditation Council, Inc. Please mail to the following address:

Teacher Education Accreditation Council, Inc.  
 President's Office  
 Suite 101  
 Willard Hall Education Building  
 Newark, DE 19716

\_\_\_\_\_  
 Dean, Chair, or Division Head of the Teacher Education Unit

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chief Academic Officer on behalf of the Teacher Education Faculty & Administration

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 President/CEO on behalf of the institution's support to the Teacher Education Program

\_\_\_\_\_  
 Date

Thank you