

**CAREER COLLEGES ONTARIO (CCO)  
&  
NATIONAL ASSOCIATION OF CAREER COLLEGES (NACC)**



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[www.nacc.ca](http://www.nacc.ca)

[Twitter](#) | [Facebook](#)

## **APPLICATION FOR MEMBERSHIP**

We hereby apply for membership in Career Colleges Ontario and the National Association of Career Colleges and in so doing, agree to follow and adhere to all By-laws and Code of Ethics which presently exist, or may in the future be provided by both the provincial and national associations.

### **SECTION A – Organization Information**

Name of College: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (        ) \_\_\_\_\_ Cell: (        ) \_\_\_\_\_

Facsimile: (        ) \_\_\_\_\_

General E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Twitter: \_\_\_\_\_

Facebook: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

Please include addresses of additional Branch locations on Page 6 (if applicable)

**Please indicate:**

Year of Founding: \_\_\_\_\_

Proprietorship:\_\_\_\_Partnership:\_\_\_\_Corporation:\_\_\_\_Provincial:\_\_\_\_Federal:\_\_\_\_Public:\_\_\_\_Private:\_\_\_\_

Name of Owner, Director or Senior Manager: \_\_\_\_\_

Email of Owner, Director or Senior Manager: \_\_\_\_\_

Name of Official Representative to CCO/NACC (if different from the owner, director or senior manager above):

\_\_\_\_\_

Email of Official Representative to CCO/NACC:\_\_\_\_\_

**SECTION B – PCC Registration Information**

Is your College currently registered as a Private Career College, under the Private Career Colleges Act, 2005?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Please indicate:**

Year of Registration: \_\_\_\_\_

Has the College been in continuous operation since first registration: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Have you ever been refused a license or been served with a cease and desist order by any Professional Association, Province or State? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been issued a compliance order, restraining order or financial penalty by the Ministry of Training, Colleges & Universities during the last 12 months? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION C – Staff & Student Information

Please indicate number of administration staff for your College: Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Please indicate number of instructors for your College: Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Please indicate number of Financial Aid staff for your College: Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Please indicate your annual payroll amount for ALL staff: \$ \_\_\_\_\_

Number of students graduated or completed during the immediate past 12 months:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Evening: \_\_\_\_\_ Home Study: \_\_\_\_\_

Estimated Annual Gross Tuition Fees from ALL Registered Courses: \$ \_\_\_\_\_

## SECTION D – CCO & NACC Services

Will you be using the CCO Student Transcript Electronic Protection Service (STEPS)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be using the CCO Financial Aid Office (FAO) Service? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please complete the following section.

1. Have you been approved to administer CSL? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you been approved to administer OSL? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you require training to administer OSAP? Yes \_\_\_\_\_ No \_\_\_\_\_

Would your College be interested in appointing a volunteer to serve on one or more of the Association's sub-committees? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please check all of the areas of interest below.

1. Student Outcomes & KPI Committee \_\_\_\_\_
2. International Student Program Committee \_\_\_\_\_
3. PCC Act & Regulations Committee \_\_\_\_\_
4. Third Party Funding Committee \_\_\_\_\_
5. OSAP Committee \_\_\_\_\_
6. Awareness Committee \_\_\_\_\_
7. Membership Committee \_\_\_\_\_
8. Conference Committee \_\_\_\_\_

Name of the person volunteering for the committee(s) \_\_\_\_\_

Will you be using the NACC Standardized Curriculum & Examination Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check all programs that apply.

Early Childcare Assistant \_\_\_\_\_ Personal Support Worker \_\_\_\_\_  
Esthetics \_\_\_\_\_ Pharmacy Assistant \_\_\_\_\_

We're excited to have you as a member, please indicate the reason why you wish to join CCO?

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### SECTION E - Programs

Please indicate which training disciplines apply to your College:

- |                          |   |
|--------------------------|---|
| 1. Applied Arts _____    | 6. Information Technology/Electronics _____ |
| 2. Business _____        | 7. Other _____                              |
| 3. Flight Training _____ | 8. Services _____                           |
| 4. Health Services _____ | 9. Trades _____                             |
| 5. Human Services _____  |   |

Please list below all of the certifications and/or accreditation designations that your College currently holds.

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### SECTION F – Professional References

Please provide 3 Professional References complete with their contact information in the table below.

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## **SECTION G – Commitment to Quality Assurance**

Please provide a description below of the key components of quality assurance that your College believes relate to educational services.

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Please indicate below the measures that your College has in place to assure continuous improvement in the level of quality of its educational services.

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## **SECTION H – Required Documentation**

**Please attach a copy of each of the following:**

1. Current Enrolment Contract with Students for vocational programs
2. Current Enrolment Contract with Students for non-vocational programs
3. Signed copy of CCO's Code of Ethics (attached)
4. Student Policies and Procedures Information
5. Curriculum Outline(s) for vocational and non-vocational programs
6. Sample of current Diploma/Certificate
7. Copy of recent advertisement (brochure, catalogue, print, web page, TV, etc.)

### **Declaration**

"I certify that the information contained in this application form is true and accurate to the best of my knowledge. I understand that the provision of false information could result in denial or suspension or termination of membership in the associations." In making this application, I hereby agree to an inspection of our premises and/or course offerings by a Career Colleges Ontario representative, in accordance with the prescribed by-laws.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

**Please List Information on ALL Branch Campuses**

Address: \_\_\_\_\_

Telephone : (        ) \_\_\_\_\_ Facsimile: (        ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Official Representative to Career Colleges Ontario: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone : (        ) \_\_\_\_\_ Facsimile: (        ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Official Representative to Career Colleges Ontario: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Telephone : (        ) \_\_\_\_\_ Facsimile: (        ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Official Representative to Career Colleges Ontario: \_\_\_\_\_

\_\_\_\_\_

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**For Office Use Only:**

\_\_\_\_\_  
**Date Received**

\_\_\_\_\_  
**Received by**

\_\_\_\_\_  
**Date Approved for Membership**

**CAREER COLLEGES ONTARIO (CCO)**  
**CODE OF ETHICS**  
**2019/2020**

As a proud member of Career Colleges Ontario we pledge to abide by all the provisions laid down to us by the Private Career Colleges Act and the Ministry of Training, Colleges & Universities. Further, we commit to provide students with a high standard of training in a professional, caring and trustworthy learning environment. Accordingly, we pledge to adhere to the following:

To demonstrate financial, legal and ethical accountability.

To ensure that the institution, through its representatives, or advertising and promotional material does not make any inaccurate, misleading or exaggerated claims.

To determine to the best of our ability that the student is fully informed and has made an appropriate choice of training program.

To ensure each student is advised in writing, at the time of registration, details of the entire cost of their course of instruction including all text books and related equipment and to inform each applicant how payment of fees is to be made.

To inform the student of program objectives, content, resources, evaluation and methodology used in training.

To fully inform the students regarding their rights and obligations related to Student Financial Assistance.

To ensure that students receive a properly signed copy of their enrolment form together with a copy of the refund and withdrawal policy as it pertains to the Private Career College Act in the Province of Ontario.

To maintain safe facilities, and to comply with all civic and provincial regulations pertaining to fire, health and safety.

To provide adequate and up to date equipment to meet the needs of the program.

To maintain open communication between the administration and the students.

To assess and report on the student's progress on a regular basis.

To provide employment counselling and advice to all students enrolled in a career program.

To issue to the student a certificate or diploma on successful completion of training and fulfilment of student obligations to the College.

CCO and its members are committed to student satisfaction. Failure to adhere to the Code of Ethics may result in suspension of membership with CCO.

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College Name

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First & Last Name

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Date

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Signature

## 2019/2020 CCO Membership Fee Calculation Form

To determine your Membership Fees payable to CCO please complete the following steps.  
**Please make cheques payable to Career Colleges Ontario.** Any NSF cheques will be charged a \$7.00 service fee.

**Step 1:** Please refer to the "CCO Fee Structure Table 2019 – 2020" on the next page. Find the Annual gross revenue category in column 1 that corresponds with your Colleges annual vocational revenue as reported on your most recent set of audited financial statements. The amount listed in column 4 next to your annual gross revenue from all registered vocational programs is the amount that is to be entered on Line A below.

Line A (Membership Fee): \$ \_\_\_\_\_

**Step 2:** The minimum fee per campus location is \$790.50. Insert the number of campus locations within your organization on Line B and D below to calculate what your minimum fee is. **Please note if you only have 1 location you need to enter a 1.**

Line B (# of Campus locations): \_\_\_\_\_ X \$790.50 = \$ \_\_\_\_\_

Line C (Institutional Fee) \$ \_\_\_\_\_ (This is the greater of Line A & B)

Line D (NACC fee - \$480.25 per campus) \_\_\_\_\_ X 480.25 = \$ \_\_\_\_\_

Line E (Total Fee) \$ \_\_\_\_\_ (Line C & D)

**The amount on Line E is the total fee you will be required to submit to Career Colleges Ontario.**

**\*\* Please do not send payment until your application has been approved as your fees may be prorated depending on when you apply. CCO will provide you with the total amount owing on final approval.**

**\*\*Once you have completed this form please send your application to:**

Career Colleges Ontario (CCO)  
155 Lynden Road, Unit 2  
Brantford, ON  
N3R 8A7  
Tel: 519-752-2124  
Fax: 519-752-3649  
[denastuart@careercollegesontario.ca](mailto:denastuart@careercollegesontario.ca)

Please email, fax or mail the additional required documents to our office.



# CCO FEE STRUCTURE TABLE 2019-2020

<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>
<b>Annual gross revenue from all Registered vocational programs</b>	<b>Membership fees before HST</b>	<b>HST</b>	<b>Total including HST</b>
\$0.00 - \$250,000.00	\$699.56	\$90.94	\$790.50
\$250,001.00 - \$375,000.00	\$812.39	\$105.61	\$918.00
\$375,001.00 - \$500,000.00	\$1,105.75	\$143.75	\$1,249.50
\$500,001.00 - \$625,000.00	\$1,394.61	\$181.30	\$1,575.90
\$625,001.00 - \$750,000.00	\$1,683.45	\$218.85	\$1,902.30
\$750,001.00 - \$875,000.00	\$1,976.81	\$256.99	\$2,233.80
\$875,001.00 - \$1,000,000.00	\$2,265.66	\$294.54	\$2,560.20
\$1,000,001.00 - \$1,250,000.00	\$2,559.03	\$332.67	\$2,891.70
\$1,250,001.00 - \$1,500,000.00	\$3,141.24	\$408.36	\$3,549.60
\$1,500,001.00 - \$1,750,000.00	\$3,718.94	\$483.46	\$4,202.40
\$1,750,001.00 - \$2,000,000.00	\$4,301.15	\$559.15	\$4,860.30
\$2,000,001.00 - \$2,250,000.00	\$4,883.36	\$634.84	\$5,518.20
\$2,250,001.00 - \$2,500,000.00	\$5,461.06	\$709.94	\$6,171.00
\$2,500,001.00 - \$2,750,000.00	\$6,047.78	\$786.21	\$6,834.00
\$2,750,001.00 - \$3,000,000.00	\$6,625.49	\$861.31	\$7,486.81
\$3,000,001.00 - \$3,250,000.00	\$7,207.70	\$937.00	\$8,144.70
\$3,250,001.00 - \$3,500,000.00	\$7,789.91	\$1,012.69	\$8,802.60
\$3,500,001.00 - \$3,750,000.00	\$8,345.05	\$1,084.86	\$9,429.90
\$3,750,001.00 - \$4,000,000.00	\$8,949.83	\$1,163.48	\$10,113.30
\$4,000,001.00 - \$4,250,000.00	\$9,532.03	\$1,239.16	\$10,771.20
\$4,250,001.00 - \$4,500,000.00	\$10,114.25	\$1,314.85	\$11,429.10
\$4,500,001.00 - \$4,750,000.00	\$10,696.46	\$1,390.54	\$12,087.00
\$4,750,001.00 - \$5,000,000.00	\$11,274.16	\$1,465.64	\$12,739.80
\$5,000,001.00 - \$7,500,000.00	\$11,856.37	\$1,541.33	\$13,397.70
\$7,500,001.00 - \$10,000,000.00	\$17,669.47	\$2,297.03	\$19,966.50
\$10,000,001.00 - \$15,000,000.00	\$23,482.56	\$3,052.73	\$26,535.30

**For Colleges with more than one location please calculate your annual gross revenue from all campus locations**

**Note: Annual Gross revenue is based on your Colleges most recent audited financial statement**

## CCO Credit Card Transaction Form

Please ensure all fields are populated correctly.

Details Required for Credit Card Transaction	Your Response
Amount of transaction	
Card type (Visa/Mastercard/American Express)	
Name on Card	
Company Associated with Credit Card (optional)	
Street Address Associated with Credit Card	
City Associated with Credit Card	
Province/State associated with Credit Card	
Postal/Zip associated with Credit Card	
Country	
Phone number associated with Credit Card	
Email Address	
Credit Card Number	
Expiry Date (MM/YY)	
CVN (3 digit on back of card or 4 digits for American Express)	