

COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION

Applicant Status Request Form

Full name of the proposed COM:

Acronym of the proposed COM:

City and state of the proposed COM:

Name of CEO for the proposed COM:

Anticipated date of candidate self-study submission:

Anticipated date of first matriculants:

Contact information for the CEO:

Phone:

Email:

Mailing address:

Preferred liaison at the institution:

- CEO
- Other (please provide additional information below):

Name:

Role or title at the proposed COM:

Phone:

Email:

Mailing address:

Name of founding dean if identified:

Contact information for the founding dean:

Phone:

Email:

Mailing address:

The proposed COM will be (select one):

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- Public, non-profit
- Private, non-profit
- Private, for-profit
- To be determined

The proposed COM will be (select one):

- Faith based
- Non-faith based

Institutional Accreditor for the Proposed COM:

- Anticipated institutional accreditor:
- Anticipated timeframe for receiving accreditation from that accreditor:

(The COCA usually serves as the institutional accreditor only for the time period necessary to secure approval from an institutional accreditor such as a regional accreditor).

Application Fee:

Once the application form has been received, an invoice for the application and the COCA fee schedule will be sent to the attention of the proposed COM's CEO.

Print Name

Date

Signature

Office Use Only

Date form received:
COM assigned to:
Application fee received
Applicant status letter emailed to proposed COM:

ⁱ Acronym of proposed COM: See current COM directory for examples of acronyms already in use. Directory available [here](#)