



2011-2012 Institutional Fee Structure and Application

(July 1, 2011 – June 30, 2012)

Qualifications for Institutional Participation:

Membership in the Higher Education Allied Health Leaders (“HEAL”) Coalition is open to any private postsecondary institution, college, or school offering allied health-related education programs which are state licensed and accredited by an accrediting agency recognized by the U.S. Department of Education.

Membership Dues

HEAL Coalition fees are based upon an incremental fee structure reflecting the number of campuses offering one or more allied health-related programs. Multi-campus chains and/or corporations under common ownership and/or control must enroll all eligible institutions to be eligible to participate in the HEAL Coalition. In light of this requirement, the HEAL Coalition has adopted a fee structure that reduces per-campus rates for chains or corporations with multiple campuses. Each campus in a multi-campus chain must submit a separate institutional application.

Institutional Participant Fee Structure:

| Number of Campuses | Fee per Campus | Fee Range | Maximum Fee |
|--------------------|----------------|-------------------|-------------|
| 1 | \$ 1,000.00 | N/A | \$ 1,000.00 |
| 2 – 10 | \$ 900.00 | \$1,900-\$9,100 | \$ 9,100.00 |
| 11 – 20 | \$ 800.00 | \$9,900-\$17,100 | \$17,100.00 |
| 21 – 30 | \$ 700.00 | \$17,800-\$24,100 | \$24,100.00 |
| 31 – 40 | \$ 600.00 | \$24,700-\$30,100 | \$30,100.00 |
| 41+ | \$ 500.00 | \$30,600-\$32,000 | \$32,000.00 |

(Please use the Institutional Participant Fee Calculation form attached with this application to determine the annual fees for your institution(s).)

Allied Health Institution Information:

School Name _____
 Mailing Address _____

 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Email _____
 Website/URL _____

U.S. Department of Education Recognized Accreditation

(Check all that apply)

ABHES ACCET ACCSCT ACICS COE
 DETC NACCAS Regional (list) _____

Programmatic Accreditation

(List all that apply)

Credentials Awarded

(Check all that apply)

Certificate/Diploma
 Associate's Degree
 Baccalaureate Degree
 Master's Degree

Programs Offered

(Please list all allied health related programs, length of instruction, credential awarded, and annual enrollment on the Institutional Program Offering form attached with this application.)

Primary HEAL Coalition Contact

Note: This designee will receive all HEAL Coalition information, mailings, and alerts, as well as any fee information. Therefore, we highly recommend that this contact be a high-ranking school official (i.e. President, Director, Academic Dean).

Dr. Mr. Mrs. Ms.

Name _____

Title _____

Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Corporate Affiliation

(If applicable)

Corporation Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Method of Fee Payment

The HEAL Coalition requests that all institutional participants provide a single payment for the dues year. Please make your check payable to "HEAL Coalition," and mail the check and an original copy of this completed application form to:

HEAL Coalition
c/o Tom Netting
750 9th Street, NW, Suite 750
Washington, DC 20001

Questions

If you have any questions regarding the completion of this form, please contact Tom E. Netting, HEAL Coalition Executive Director, at (202) 824-1724.

Thank you for joining! We look forward to working with you to ensure that the interests of proprietary institutions of higher education offering programs in allied health, and the needs of your students, have a voice with both the Legislative and Executive Branches!

Institutional Participant Fee Calculation

The minimum fee for participation in the HEAL Coalition is \$1,000.

For institutions with more than one location (campus), the HEAL Coalition has established an incremental fee structure which seeks to provide equity in fees for small, medium, and larger groups of proprietary institutions of higher education offering allied health programs.

To determine your annual Institutional Participant fees, please follow the simple, easy to use directions below.

Single Campus Operations:

If your institution is a single campus operation, your fee is \$1,000.

2 – 10 Campus Operations:

| | |
|------------------------------------|-----------------|
| Base Fee (First Campus) | \$ 1,000.00 |
| \$900 per campus above the first = | \$ _____ |
| TOTAL = | \$ _____ |

11 – 20 Campus Operation:

| | |
|-----------------------------|-----------------|
| Base Fee (10 Campuses) | \$ 9,100.00 |
| \$800 per campus above 10 = | \$ _____ |
| TOTAL = | \$ _____ |

21 – 30 Campus Operation

| | |
|-----------------------------|-----------------|
| Base Fee (20 Campuses) | \$ 17,100.00 |
| \$700 per campus above 20 = | \$ _____ |
| TOTAL = | \$ _____ |

31 – 40 Campus Operation:

| | |
|-----------------------------|-----------------|
| Base Fee (30 Campuses) | \$ 24,100.00 |
| \$600 per campus above 30 = | \$ _____ |
| TOTAL = | \$ _____ |

41+ Campus Operation:

| | |
|-----------------------------|-----------------|
| Base Fee (40 Campuses) | \$ 30,100.00 |
| \$500 per campus above 40 = | \$ _____ |
| TOTAL | \$ _____ |

| | |
|-------------|--------------|
| Maximum Fee | \$ 32,000.00 |
|-------------|--------------|

Allied Health Programs Offered

| <u>Program</u> | <u>Length</u> | <u>Credential</u> | <u>Annual Enrollment</u> |
|----------------|---------------|-------------------|--------------------------|
|----------------|---------------|-------------------|--------------------------|

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