



# Commission on Accreditation of Allied Health Education Programs

## Request of Accreditation Services Application

**Submitted to**

George W. Hatch Jr., EdD, LP, EMT-P  
 Executive Director  
 8301 Lakeview Parkway  
 Suite 111-312  
 Rowlett, TX 75088  
 Phone: (214) 703-8445  
 Fax: (214) 703-8992  
 Email: lynn@coaemsp.org

**Institution Information**

**Profession:** Emergency Medical Technician-Paramedic

**This is a request for:** Initial Accreditation

**Institution Name:** Accordance Community College

**Institution City:** Centerville

**Institution State:** NE

**Institution Website:** www.accordancecc.edu

**Institution Type:** Junior or Community College

**Institution Control:** State, County or Local Government

**Name of INSTITUTIONAL accrediting agency:** North Central Association of Colleges and Schools,  
 Commission on Institutions of Higher Education

**Type of award? (indicate all that apply):** Certificate

CAAHEP defines a distance education program as a program that allows completion of the entire curriculum without the need to attend any instruction on a campus location (clinical rotations excluded). Note: this delivery is not hybrid or partial e-learning delivery.

**Is the program a distance education program?:** No

**Program Length (months):** 12

**List month(s) classes begin each year:** August

**Students First Accepted Month:** Aug

**SAMPLE**

**Students First Accepted Year:** 1998

**Where did you hear about CAAHEP accreditation?:** CoAEMSP

**Program Director**

<b>First Name:</b> Daniel	<b>Last Name:</b> Thompson
<b>Credentials:</b>	<b>Title:</b> Program Director
<b>Institution Name:</b> Accordance Community College	<b>Address:</b> 1001 North Main St
<b>Address 2:</b>	<b>Address 3:</b>
<b>City:</b> Centerville	<b>State:</b> NE
<b>Zip Code:</b> 68986	<b>Phone:</b> 3085551234
<b>Fax:</b>	<b>Email:</b> daniel.thompson@accordancecc.edu

**Dean**

<b>First Name:</b> Elizabeth	<b>Last Name:</b> Rogers
<b>Credentials:</b> MEd	<b>Title:</b> Dean, Allied Health Programs
<b>Institution Name:</b> Accordance Community College	<b>Address:</b> 1001 North Main St
<b>Address 2:</b>	<b>Address 3:</b>
<b>City:</b> Centerville	<b>State:</b> NE
<b>Zip Code:</b> 68986	<b>Phone:</b> 3085551250
<b>Fax:</b>	<b>Email:</b> elizabeth.rogers@accordancecc.edu

**Medical Director/Advisor**

<b>First Name:</b> William	<b>Last Name:</b> Bell
<b>Credentials:</b> MD, MPH, PhD, FACS	<b>Title:</b> Medical Director
<b>Institution Name:</b> Nebraska Hospitals	<b>Address:</b> 1600 Hospital Pkwy
<b>Address 2:</b> Suite 500	<b>Address 3:</b>

**SAMPLE**

<b>City:</b> Centerville	<b>State:</b> NE
<b>Zip Code:</b> 68986	<b>Phone:</b> 3085558090
<b>Fax:</b>	<b>Email:</b> wbellmd@nebraskahospitals.org

**CEO**

<b>First Name:</b> Donald	<b>Last Name:</b> Stewart
<b>Credentials:</b> PhD	<b>Title:</b> President
<b>Institution Name:</b> Accordance Community College	<b>Address:</b> 1001 N Main St
<b>Address 2:</b>	<b>Address 3:</b>
<b>City:</b> Centerville	<b>State:</b> NE
<b>Zip Code:</b> 68986	<b>Phone:</b> 3085551210
<b>Fax:</b>	<b>Email:</b> donald.stewart@accordancecc.edu

**Individual Completing this form**

<b>Name:</b> Jennifer Anderson
<b>Working Title:</b> Accreditation Consultant
<b>Email:</b> jennifer@coaemsp.org
<b>Phone:</b> 214.703.8445

**CEO Authorization**

<b>CEO Signature:</b> Donald Stewart, PhD
By entering my name above, I attest that I am the CEO and that I have authorized initiation of the accreditation process. In addition, by entering my name above, I consent to the use of this electronic method of contract acceptance under the U.S. Electronic Signatures in Global and National Commerce Act (E-Sign); and I have read and agree to the terms and conditions in CAAHEP <a href="#">Copyrights and Permissions</a> .
<b>Date:</b> 2/17/2012