



**AMERICAN COUNCIL FOR
CONSTRUCTION EDUCATION**
PARTNERSHIP FOR EXCELLENCE

**Application for an Industry Construction Education Program Quality
Assurance Review
Single Course
Form NDR-1C**

Organization: _____

Type of Organization _____

Background of Organization - attachments accepted:

Does the Organization have an Education Mission Statement? If so, please state:

Date organization established: _____ **State of Incorporation:** _____



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Name of Course: _____

Date course first offered: _____

Provide a description of the course that is / will be offered. Include the frequency of the course offering, whom the target audience is, the deliverables for the participants, the business reason for offering the course. Provide attachments of course syllabus, faculty information, and other appurtenant documents that will support this application.

What is prompting this request for official recognition from ACCE?

Organization's contact person information:

Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Work Phone:** _____

Website: _____

Email: _____

Signature: _____ **Date:** _____