



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS  
7777 Leesburg Pike Suite 314 N · Falls Church, Virginia 22043  
Tel. 703/917.9503 · Fax 703/917.4109 · E-Mail [info@abhes.org](mailto:info@abhes.org)

**APPENDIX K  
FEES  
(Effective July 1, 2011)**

**ACCREDITATION USER FEES**

*(Note: site visit expenses, as applicable, are not included)*

**Initial Application for accreditation**

**Application for Accreditation**

Initial (first location, includes all programs)	\$4,000
Initial (each non-main and/or satellite campus, includes all programs)	\$4,000

**Reapplication**

Recycle (each main and non-main campus) <i>(includes change in status from programmatic to institutional)</i>	\$2,500
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<b>Application for Non-Main Campus Inclusion</b>	\$3,000
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<b>Application for Satellite Campus Inclusion</b>	\$3,000
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<b>Application for Separate Classroom Space Inclusion</b>	\$1,000
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<b>Application for New Program Approval</b> [including substantive change (50% +)]	\$1,200
Each additional location, identical program, submitted at same time	\$500

<b>Application for Substantive Program Revision</b> (change of 25% – 49%)	\$800
Each additional location, identical program, submitted at same time	\$400

<b>Application for Minor Program Revision</b> (under 25% change)	\$250
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<b>Application for Change in Academic Measurement</b> (clock-to-credit hour or credit-to-clock hour)	\$750
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<b>Application for Change in Method of Delivery</b> (first location)	\$800
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<b>Application for Change in Method of Delivery</b> (same program at other location)	\$400
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<b>Application for Excluded Continuing Education Courses/Program</b>	\$200
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**Application for Change in Ownership**

Main campus	\$3,000
Each non-main campus	\$2,000
Programmatically accredited, per campus	\$1,000

<b>Application for Change in Location</b>	\$500
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*Nationally Recognized by the U.S. Department of Education*

<b>Application for Change in Name</b>	\$300
<b>Application for Change of Status</b> (institutional to programmatic)	\$300
<b>Commission-Directed Focus Visit</b>	\$3,000
<b>Show-Cause Appearance Fee</b>	\$3,000
Expense deposit (commissioners)	\$2,000
<b>Show-Cause Teleconference Meeting</b>	\$2,000
(\$2,000 expense deposit fee waived for meeting conducted by teleconference)	
<b>Appeal Fee</b> (denial, withdrawal)	\$5,000
Expense deposit	\$5,000
<b>Late Submission Fee</b>	
(received after ABHES-directed deadline)	\$700
(Note: a show-cause directive will be issued after 60 days)	
<b>Accreditation Workshop Fees</b>	
Registration Fee	\$800
School-Sponsored (up to 10 attendees; \$400 per additional attendee)	\$6,000
<b>Visit Cancellation Fee (effective date of visit confirmation letter)</b>	\$500
(plus cost of team member expenses)	

## Annual Sustaining Fees

### Institutional Accreditation:

	<b>Gross Annual Tuition (\$)</b>	<b>Fee (\$)</b>
Group I	0–199,000	2,200
Group II	200,000–399,000	2,700
Group III	400,000–599,000	3,800
Group IV	600,000–799,000	5,500
Group V	800,000–999,000	6,500
Group VI	1,000,000–2,999,000	8,200
Group VII	3,000,000–4,999,000	8,700
Group VIII	5,000,000–7,999,999	10,400
Group IX	8,000,000 and up	12,000

### Programmatic Accreditation

(Medical Assistant, Medical Laboratory Technology, Surgical Technology):

	<b>Number of Students Enrolled</b>	<b>Fee (\$)</b>
Group I	1–75	1,500
Group II	76– 200	3,200
Group III	201 - 300	4,000
Group IV	301 - 500	5,500
Group V	501 and up	6,500