



# State Authorization Reciprocity Agreement (Sara) Institution Application: Pennsylvania Supplement Form

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## Submission Instructions

**FIRST: 60 days before the renewal due date submit the PA Fee.**

- ELECTRONIC PAYMENTS ONLY (ACH/Credit Card, directions below)

**SECOND: 60 days before the renewal due date, email renewal materials (SARA Institutional Renewal Application, PA Supplement, and supporting documents).**

- E-mail the completed SARA Institutional Application, PA Supplement (this form), PA fee payment receipt and supporting documents to [jennstone@pa.gov](mailto:jennstone@pa.gov).

**THIRD: Await a confirmation email, including an invoice for payment to NC-SARA.**

*\* There are two fees due annually (PA Fee and the NC-SARA fee)\**

## Pa Fee & Payment

In accordance with 22 Pa. Code §741a.21, postsecondary institutions in this Commonwealth shall pay a fee to the Department based on tuition revenue from distance education in the most recently completed calendar year for the initial application fee and for each annual renewal to the Department to participate in SARA.

Pennsylvania fees are for the 2025-26 renewal cycle. The institution is responsible for defining who they consider to be a distance education student. Application and documents cannot be reviewed until the PA fee is received. PA fees are as follows:

Check One	Program ID	Distance Education Tuition Revenue	Fee
	034	New Member Application – Tuition Revenue \$0-9,999	\$1,000
	035	New Member Application – Tuition Revenue \$10K-5M	\$2,000
	036	New Member Application – Tuition Revenue \$5M-20M	\$3,000
	037	New Member Application – Tuition Revenue \$20M-40M	\$5,000
	038	New Member Application – Tuition Revenue \$40M+	\$7,000
	039	Renewal Application – Tuition Revenue \$0-9,999	\$1,000
	040	Renewal Application – Tuition Revenue \$10K-5M	\$2,000
	041	Renewal Application – Tuition Revenue \$5M-20M	\$3,000
	042	Renewal Application – Tuition Revenue \$20M-40M	\$5,000
	043	Renewal Application – Tuition Revenue \$40M+	\$7,000

**\*\*\*ELECTRONIC PAYMENTS ONLY\*\*\***

## **ACH/Credit Card Payments**

Go to the [Payment Form - Business Partner Portal](#) to make payment.

1. Enter contact information.
2. Select "Education" for Agency.
3. Select your Program ID based on the table above.
4. Under Payment Reference, **enter the institution's name. (Very Important!)**
5. Complete payment details and PA Supplement below.
6. Save a copy of payment receipt **(You must provide an email address to receive a receipt.)**

Institution Name:

Payment Date:

Payment Contact Email:

**A copy of payment receipt, distance education student definition, and verification of the institution's reported distance education tuition revenue must be included with submission of this form:**

Include a copy of payment receipt with application.

Definition of Institutions "Distance Education Student" is enclosed.

Documentation to verify distance education tuition in the most recently completed year (i.e., audited financial statements with page number indicated; institution's ledger; spreadsheet, etc.) is enclosed.

Add a note if needed:

The institution's reported gross distance education revenue is found on page \_\_\_\_\_ of the financial statements.

## **Federal Financial Responsibility Composite Score**

New applicant institutions with a Federal Financial Responsibility Composite Score between 1.0 and 1.49 will be denied participation.

Institutions that currently participate with a Federal Financial Responsibility Composite Score rating between 1.0 and 1.49 are placed on provisional status and permitted to provide evidence of financial solvency to PDE. Based on the outcome of PDE's review, the institution may be permitted to participate in SARA for one year. Failure to provide an acceptable Federal Financial Responsibility Composite Score after one year will preclude further participation in SARA until the institution demonstrates an acceptable score of 1.5 or higher unless the institution provides sufficient evidence to be granted an extension of one additional year.

**The following information must be completed and initialed by the President or Chief Operating Officer of the institution:**

I, the undersigned of the named institution, in conjunction with the enclosed application for membership in SARA, hereby certify (check one):

The institution has a federal financial composite score of 1.5 or above.  
Provide evidence with this application.

The institution is a public institution.

The institution does not participate in federal financial aid. Notice from USDE to the institution of a composite score of 1.5 or above.  
Provide evidence with this application.

The institution has a federal financial composite score of 1.0 – 1.49.  
Additional information must be provided with this application to demonstrate financial solvency.

**The following information must be completed with a check and initialed by the President or Chief Operating Officer of the institution:**

The institution accepts the authority and responsibility of the Pennsylvania Department of Education to investigate and adjudicate complaints. The institution will cooperate in the investigation and will accept the adjudication. The institution acknowledges that failure to cooperate or comply with an adjudication can result in termination of membership in SARA.

The institution recognizes its responsibility to provide the full course of study to each student who enrolls and confirms that, in the event of a catastrophic event preventing the delivery of a full course of study, each enrolled student will be placed in an appropriate teach out at another authorized and accredited institution that is able to deliver a comparable course of study and credential.

## **Surety**

Surety is required for licensed career schools at a minimum level of \$10,000 for tuition revenue up to \$500,000 and increasing by \$10,000 for each additional \$500,000 in tuition revenue with a \$100,000 maximum. Degree-granting institutions are required to maintain a \$500,000 endowment to be used to refund unearned tuition in the event of catastrophic closure.

All institutions are required to place students in a teach out in the event of catastrophic closure.

The institution is an authorized degree-granting institution and confirms that the \$500,000 endowment is protected in accordance with 24 C.S.A. § 6502 (b) and that the endowment would be used, if necessary, to reimburse unearned tuition in the event of a catastrophic closure. Tuition would be reimbursed equally to students regardless of the state of domicile or the mode of instruction.

**OR**

The institution is a private licensed school and confirms that the surety required in 24 P.S. § 6507 (b) is in place and that this surety would be used, if necessary, to reimburse unearned tuition in the event of a catastrophic closure. Tuition would be reimbursed equally to students regardless of the state of domicile or the mode of instruction.

**OR**

The institution is a public institution.

Name of Institution:

Print Name of President or Chief Operating Officer:

Title:

Signature of President or Chief Operating Officer:

Date (If electronic signature, including time and date stamp):