Proposed College of Osteopathic Medicine Applicant Status Request Form

Full name of the proposed COM:

Acronym of the proposed COM[1]:

City and state of the proposed COM:

Parent Institution (if applicable):

Name of CEO:

    Phone:

    Email:

    Mailing address:

Name of founding dean, if identified[*]:

    Phone:

    Email:

    Mailing address:

Preferred liaison at the institution:

    CEO

    Founding Dean

Other (please provide additional information below):

    Name:

    Role or title at the proposed COM:

    Phone:

    Email:

    Mailing address:

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[1] Acronym of proposed COM: See current COM directory for examples of acronyms already in use. Directory available here

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Anticipated date of candidate self-study submission:

Anticipated date of first matriculants:

Anticipated requested class size*:

* For informational purposes only. Formal class size request will be made as part of the candidate status application.

The proposed COM will be (select one):

> **Public, non-profit**
>
> **Private, non-profit**
>
> **Private, for-profit**
>
> **To be determined**

The proposed COM will be (select one):

> **Faith-based**
>
> **Non-faith-based**

Institutional accreditor for the proposed COM:

> **Institutional accreditor:**
>
> **Anticipated institutional accreditor:**
>
> **Anticipated timeframe for receiving accreditation from that accreditor:**

* For requirements for Dean qualifications, see Candidate Element 2.2 in the *COCA COM New and Developing Standards*.

As of March 1, 2024, the COCA will no longer accept applications to serve as an institutional accreditor.

Application Fee: Once the application form has been received, a confirmation letter will be sent to the proposed COM's CEO with an invoice for the non-refundable application fee.

For questions, please contact COCA staff at (312) 202-8124 or predoc@osteopathic.org.

Please sign and submit this form to predoc@osteopathic.org

Signature   Date

Print name