

STATE OF OHIO BOARD OF CAREER COLLEGES AND SCHOOLS  
30 EAST BROAD STREET, SUITE 2481, COLUMBUS, OHIO 43215-3414  
(614) 466-2752 Fax (614) 466-2219 Toll Free (877) 275-4219  
E-mail: bpsr@scr.state.oh.us Website: http://scr.ohio.gov/

**APPLICATION FOR AUTHORIZATION  
TO CONFER AN ASSOCIATE DEGREE PROGRAM**

Name of School:	
School Address:	
Contact Person:	Contact Phone Number:
<b>Proposed Program Name:</b>	
<b>Date school expects to begin offering program:</b>	

Please provide responses, with appropriate documentation, to the following items and forms in a proposal format, following the order of headings given. The completed proposal should be filed and should include a copy of a current catalog. Application should be submitted at least 60 days prior to program start date.

A. General Program Information

1. Program description and specific degree program objectives.
2. On the attached Exhibit A form please provide a summary and classification of courses comprising the degree program by quarter/semester, assuming full-time enrollment.
3. Provide a description of each course required in the program of instruction (course descriptions).
4. Describe specific program entrance requirements (if required) and graduation requirements.

(SEE NEXT PAGE)

5. Submit a list of the advisory committee members with a current occupation on each individual member.
6. Date of last accreditation visit and date of next scheduled re-accreditation.
7. Submit a list of equipment needed and a timetable as to when such equipment shall be available.
8. Submit instructor qualification forms on each instructor (if already employed) or proposed work experience and educational credentials (if not yet employed) required to teach in this program.
9. List representative job titles for which graduate would be qualified.
10. Estimate the number of annual graduates expected to complete the program at the end of the third year.
11. Does this program require approval of another state agency? If yes, please submit a copy of the approval or a timeline for when approval is expected.
12. Do graduates of this program require a state license or other certification in order to become employed? If yes, please explain how this program will qualify graduates to meeting the licensing or certification requirements.
13. If the program requires clinical externships, please provide a list of externship sites that have agreed to accept students from the program.
14. If any part of the program can be completed via distance education please submit the distance education information required by form PSR0011.

**COMPLETION OF THIS FORM IS REQUIRED BY SECTION 3332 OF THE OHIO REVISED CODE. ALL ITEMS MUST BE COMPLETED! ALL QUESTIONS MUST BE ANSWERED AND ALL MATERIALS REQUESTED MUST ACCOMPANY THE APPLICATION (FAILURE TO DO SO WILL RESULT IN THE RETURN OF THE APPLICATION, WITHOUT ACTION, TO THE SCHOOL AND ANY FEES PAID ARE SUBJECT TO FORFEITURE). YOU ARE REQUIRED TO FILL IN ALL BLANKS. IF NOT APPLICABLE, PLEASE PUT N/A.**