

STATE OF OHIO  
 BOARD OF CAREER COLLEGES AND SCHOOLS  
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**OUT-OF-STATE SCHOOL APPLICATION FOR CERTIFICATE,  
 DIPLOMA, ASSOCIATE DEGREE OR ADVANCED DEGREE PROGRAM**

NAME OF SCHOOL		
ADDRESS (Number, Street, City, State, Zip)		
ANTICIPATED START DATE:		
TITLE OF PROGRAM FOR WHICH APPROVAL IS SOUGHT:		
LEVEL OF PROGRAM: Certificate _____ Diploma _____ Associate Degree _____ Advanced Degree _____		
LENGTH OF PROGRAM (WEEKS, MONTHS, YEARS)	APPROVED PROGRAM HOURS: Clock _____ <u>OR</u> Semester Credit _____ <u>OR</u> Quarter Credit _____	
PROVIDE THE FOLLOWING INFORMATION BY ATTACHMENTS:  1. A copy of the program curriculum that was submitted to the home state approving authority.  2. A copy of the letter of approval from the home state approving authority.		
NAME OF SCHOOL CONTACT PERSON	PHONE NUMBER	DATE

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.