

STATE OF OHIO
 BOARD OF CAREER COLLEGES AND SCHOOLS
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APPLICATION FOR DIPLOMA OR CERTIFICATE LEVEL PROGRAM

NAME OF SCHOOL	
ADDRESS (NUMBER, STREET, CITY, ZIP)	
PROPOSED NAME OF PROGRAM	
PROGRAM CONTACT PERSON (If different from school director)	PHONE #
IS THE PROGRAM: <input type="checkbox"/> CLOCK HOUR <input type="checkbox"/> CREDIT HOUR (If you are unable to determine if your program is clock or credit hours, please contact the State Board Office.)	
LENGTH OF PROGRAM (Days, Weeks, or Months):	NUMBER OF CLOCK OR CREDIT HOURS IN PROGRAM (Refer to Exhibit "A"):
IS ANY PART OF THE PROGRAM OFFERED VIA DISTANCE EDUCATION : ____ YES ____ NO If yes, you need to complete PSR0011 and submit the required distance education information.	
DATE PROGRAM EXPECTED TO BEGIN:	

PROVIDE THE FOLLOWING INFORMATION BY ATTACHMENTS (do not reference catalog):

1. Attach a description of the program.
2. Identify specific program objectives.
3. List representative job titles for which graduate would be qualified.
4. Attach a description of each course.
5. Attach a completed Exhibit "A".
6. Attach Instructor's Qualification Forms (or work experience and educational requirements the school seeks).
7. List the equipment, instructional material provided for the program, and the plan of acquisition.
8. State the number/type of laboratories, number of workstations in each, number of students each lab can accommodate, and the plan of acquisition.
9. List the graduation requirements.
10. List the requirements for admission to the program.
11. If the program is more than 300 clock hours, you must include an explanation as to how tuition will be collected and how the program will be divided for refund purposes (use PSR0014).
12. 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.
13. 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.
14. If the program requires clinical externships, please provide a list of externship sites that have agreed to accept students from the program.

STAFF NOTES:

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.

PSR 0008 (Revised 10/11)