NOVA SCOTIA

Advanced Education

Private Career Colleges Act
Application for Occupational-Training Program

Private Career Colleges Operational Regulations
Pursuant to Section 10

1 Program Information:

Name of College: _____

Name of Program: _____

Location(s): _____ ☐ Diploma ☐ Certificate

2 Contact Information:

Name of College Official: _____

Position or Title: _____

Phone Number: _____ Email: _____

3 Payment Information:

The application fee is $750.00 and must be **made payable to Minister of Finance**. I have attached a cheque or money order.

☐ Yes ☐ No

4 Train-out Protection:

☐ Yes   Agree that the Department may turn over curriculum and delivery information about this program for the purposed of a "train-out" of contracted students, should the college be unable to complete program delivery. The train-out provider may use this information to enroll new students

Note: If there are prospective new instructors or instructor assistants, please submit an **Application for Registration of Instructor or Instructor Assistant** and the application fee of $40.00/per application.

If there are prospective instructors or instructor assistants **who are currently approved**, please submit an **Application to Amend Registration of Instructor or Instructor Assistant** and the application fee of $20.00/per application.

5 Program Description:
Give a brief description of the program.

_____

_____

_____

Provide the job titles and associated 4-digit codes from the National Occupational Classification (NOC) system for the entry-level positions for which this program prepares its graduates. (Go to www.hrdc.gc.ca/noc to search for these NOC titles/codes). If there are no matching 4-digit codes for these positions, use the 3-digit NOC code/title grouping:

NOC Code   NOC Title

_____   _____

_____   _____

_____   _____

For program format and delivery format, check **all that apply**.

Program Format: ☐ full time   ☐ part time

Delivery Format: ☐ college site   ☐ distance
                        ☐ classroom/instructor delivered   ☐ interactive
                        ☐ online   ☐ other: _____
                        ☐ virtual lecture
                        ☐ practical / experiential

6 Entrance Requirements:

Choose one of the following:

☐ Grade 12 or GED   ☐ Other level or alternate (approved) (specify): _____
☐ Other level or alternate (submit for review

7 Class Size:

Maximum Program Enrollment: _____

8 Program Dates & Duration:

Provide the intended start and end dates for the first delivery of the total length of the program:

_____ to _____
(dd/mm/yyyy)   (dd/mm/yyyy)

Give a yearly breakdown for the entire length of the program, both in weeks and hours. The weeks (without breaks) must match the curriculum and the weeks (with breaks) must match the delivery. Each year cannot exceed 52 weeks.

Term		Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	**Weeks of Delivery** Duration of Weeks (with breaks)	Duration of Hours	**Weeks of Instruction** Duration of Weeks (without breaks)
1						
2						
3						
4						
			TOTAL			

9 Program Costs:

	Term 1	Term 2	Term 3	Term 4	TOTAL
Tuition (must include registration fees)					
Books/Manual Fees (including taxes)					
Equipment (e.g. kit contents, welding equipment, computer, etc.)					
Other – Specify (e.g., professional exams, vendor exam fees)					
TOTAL					

The Training Completion Fund (equal to 1% of the tuition cost) is a college cost and cannot be charged directly to a student.

Employment Profile for Graduates

10 Jobs for Graduates:

Give a job description of the typical entry-level position for which this program provides training. Include the major tasks that the employee is expected to perform and the frequency and importance of these tasks.

_____

_____

_____

List the specific knowledge and skills most often found in advertisements for this job:

_____

_____

11 Accreditation or Regulation:

Is this an accredited or regulated program?   ☐ Yes   ☐ No   ☐ Don't know

If yes, identify the accrediting or regulatory body:_____

If not accredited or regulated program, is there a national, regional, provincial, occupational association, or sector council?
☐ Yes   ☐ No   ☐ Don't know

If yes, identify the organization: _____

12 Examination(s):

Is there a provincial or national certification exam?   ☐ Yes   ☐ No   ☐ Don't know

If yes, identify examining body or organization:_____

13 Evidence of Job Availability:

1) **Attach material** relating to the level of labour market need for <u>entry-level employees</u> in this occupation. For example, labour market studies, articles in trade and professional publications, and statements from placement agencies or employers.

2) **Identify other methods** of research you have conducted, such as employer surveys and direct employer discussions. Attach survey document, documentation of employer discussions, and any other supporting information. Include contact information for surveyed employers.

3) **Attach 10 job advertisements** which state entry-level qualifications for the occupation **(per NOC)** that have   appeared in the last 12 months in your marketing area. These should clearly demonstrate the link between the program title and <u>entry-level employment demands</u>. **Advertisements requiring work experience will   not be accepted.**

14 Market Area:

List similar programs in your market area.

Offering Institution	Program Title	Program Duration in Hours & Weeks

15 Job Search / Placement Support:

Describe how your college helps graduates find jobs.

_____

_____

_____

Program Development & Maintenance

16 Identify Program Source:

☐ Purchased the program from a third-party program developer. Attach a Letter of Authority stating the terms of use.

☐ Developed the program in-house. Identify subject matter experts and education consultants who helped develop the program in the table below.

Name	Field of Expertise		Professional Affiliations/Certifications	On Staff		Telephone Number
	Subject Matter	Program Design		YES	NO	

17 Student Needs:

Describe the methods to be used by the college to determine whether the program will meet its intended goal of providing students with the knowledge and skills required for gainful employment in the program's target field (for example, interviews with employers discussions with accrediting or regulatory bodies).

_____

_____

_____

18 Program Relevance:

If the program is granted approval, the college must ensure that the program continues to be relevant. Describe methods of re-evaluating the program to maintain relevance (for example, meetings with program advisory committee, employer surveys, instructor workshops, peer review arrangements, interviews or surveys with graduates). Include how often each activity will be undertaken.

_____

_____

_____

19 Program Goals:

Describe the knowledge (intellectual development), skills (physical skills development), and attitudes (development of aptitude, perspectives, and values) students are expected to have when they leave the program.

_____

_____

_____

20 Equipment:

Attach a list of equipment needed to deliver the program. Base your list of equipment on quantity required for your maximum class size given in Section 5. Include desks, chairs, whiteboards, computers, etc. If computers will be used to deliver the program, specify hardware and software types. Part of the inspection process will be to ensure that the college has the necessary facilities and equipment to deliver the program.

21 Agreement or Lease:

Attach the letter of agreement or lease, if you use third party sites, equipment, or software.

22 Program Modules:

Identify each module in the program and include the instruction hours to be spent on each and how much weight each subject or module is given when assessing student performance. List in order of subject/module delivery. If needed, download extra sheets from the website at www.pcc.ednet.ns.ca/operators.

The module value of the program must add up to 100%.

Module Code (if used)	Module Titles	Hours	Pass Mark (%)	Module Value of Program (%)
TOTAL				

23 Program Module Outlines:

Using the following format, **attach a separate module outline sheet for EACH module that was listed in Section 22.** If needed, download extra sheets from the website at www.pcc.ednet.ns.ca/operators.

Module Code (if used)	
Module Title	
Module Length (Hours)	
Module Pre-requisite (if applicable)	
Module Description	
Module Objectives (As a result of this module the student will be able to)	
Module Performance Outcomes (Certificates, Vendor Exams)	
Names of Books/Manuals/Software	
Method of Evaluation (Grading procedure for assignments, papers, exams, expressed in %)	
Location (College site, off-site lab, field location)	

Teaching Methods, check **all that apply**.

Program Format: ☐ full time   ☐ part time

Delivery Format: ☐ college site   ☐ distance

☐ classroom/instructor delivered   ☐ interactive
☐ online   ☐ other: _____
☐ virtual lecture
☐ practical / experiential
☐

Practical Student/Instructor Ratio: _____   Theory Student/Instructor Ratio: _____

<u>24 Instructor Qualifications:</u>

1) If prospective new instructors or instructor assistants have been identified, **attach the Application(s) for Registration of Instructor or Instructor Assistant and the application fee of $40.00/per application.**

2) If prospective instructors or instructor assistants who are currently approved and registered have been identified, **attach the Application(s) to Amend Registration of Instructor or Instructor Assistant and the application fee of $20.00/per person.**

3) Please **attach a list of all modules and proposed instructor(s) and instructor assistant(s).**

Grade System

<u>25 Policies on Grades:</u>

Include details on grading policies, for repeating failed modules, rewriting examinations, supplementary exams, etc.

_____

_____

_____

<u>26 Graduation Requirements:</u>

Describe any additional requirements students must meet to graduate from the program. (e.g., WHMIS, First Aid)

_____

_____

_____

<u>27 Practicum or Off-Side Placement:</u>

Does your program have a mandatory placement component?

☐ Yes   If YES, complete sections 28 to 35.

☐ No   If NO, complete section 34 and 35.

28 Letters of Interest from Employers:

Who is responsible to find a placement? ☐ the college ☐ the student

If the college is responsible to find a placement, **attach a copy of employer letters expressing interest to host students in their practicum weeks.** Before the program intake starts, the college must have confirmation letters from employers on file at the college. The Division will follow-up with employer confirmations.

For all placements, **attach a risk assessment for off-site activities.**

This is based on Section 36 of the *Private Career Colleges Operational Regulations.*

29 Placement Requirements for Students:

Describe any requirements for the student to be eligible for a placement. For example, does eligibility depend on academic standing, health certificates, driver's license, criminal record/CPIC, etc.?

_____

_____

30 Placement Activities:

List major activities to be performed and learning/skills outcomes to be achieved on placement.

_____

_____

_____

31 Placement Supervision:

Describe the amount and nature of college-based supervision given to each student while on placement.
(e.g., placement site visits, student meetings, employer meetings, etc.)

_____

_____

_____

32 Placement Assessment:

Describe how student placement activities will be assessed and by whom. (e.g., written evaluation, instructor, employer, etc.)

_____

_____

33 Placement Failure:

Describe what happens if a student fails or has reason to leave a placement.

_____

_____

34 Sign the certification and consent:

☐ **I certify** that the information I have provided on this form and attachments is complete and accurate.

☐ **I certify** that this information does not infringe on any copyright.

☐ **I consent** to the use of this information by the Department for the purpose of reviewing this application and monitoring compliance.

☐ **I understand** that our proprietary information will be kept confidential in accordance with the *Freedom of Information and Protection of Privacy Act* and that the Department will otherwise only use this information pursuant to the Act and Regulations, and to train students under contract with this college.

Name of College Official: _____

Position or Title: _____

Signature: _____   Date: _____

(dd / mm / yyyy)

35 Training Completion Fund (TCF):

☐ The college will remit an amount equal to 1% of the total program tuition by the 15th day of the month following each program start date. (i.e., 1% x Total of line 1 in Section 9)

36 Contact Information:

Postal:	Advanced Education	Civic:	Advanced Education
	Private Career Colleges Division		Private Career Colleges Division
	PO Box 697		1505 Barrington Street, 3rd Floor, South
	Halifax, Nova Scotia		Halifax, Nova Scotia
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