

ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
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BOARD USE ONLY
CK or MO # _____
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APP Processed by _____
APP Reviewed by _____

FORM 2000 – PROGRAM OF STUDY

Attach Appropriate Fees

Complete one (1) form for each program to be offered. **THIS PROGRAM CANNOT BE ADVERTISED OR OFFERED UNTIL APPROVAL IS GRANTED BY THE ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION.**

(Lines will expand as needed)

A. SCHOOL INFORMATION

NAME OF SCHOOL					
ADDRESS (LOCATION)					
CITY		STATE		ZIP	
CONTACT PERSON REGARDING THIS PROGRAM					
NAME OF NEW PROGRAM			DESIRED START DATE		

B. FACILITIES

Are all courses for this new program of study going to be offered in your regular school building, facility, campus, etc. (This is not applicable for clinicals, externships or internships)? **YES** **NO**
 If **NO**, submit a completed **FORM 1080 – EXTENSION COURSE SITE APPLICATION**.

C. INSTRUCTORS

Will currently registered instructors be teaching in this program? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , complete	
NAME OF REGISTERED INSTRUCTOR	For Board Use Only: Information Verified By

Will new instructors be added to teach this program? **YES** **NO** If **YES**, submit the appropriate **INSTRUCTOR RECORD OF QUALIFICATIONS** document (**FORM 3000, 3040, 3060, 3070, or 3080**). Instructor forms must be submitted within thirty (30) calendar days after the first day the instructor is in the classroom.

D. FIRE INSPECTION REPORT

Submit a copy of a **Fire Inspection Report** that has been completed within the past twelve (12) months for the facility where this program will be taught.

E. OCCUPATIONAL DEMAND

Provide labor market information on the program objective being requested. Statistical labor market information may be found at www.dol.gov and/or www.discoverarkansas.net .

1.	Projected number of annual job openings in the field for which training is being offered.	
	Cite source of this information.	
2.	Anticipated number of program graduates for each of the next three (3) years.	
	Year	Projected number of graduates
	1	
	2	
	3	

F. SURETY BOND

Is the cost of this program three thousand dollars (\$3,000) or more? **YES** **NO** If **NO**, go to section G. If **YES**, does the school have a surety bond? **YES** **NO** If **YES**, no further action is needed. If **NO**, was this school licensed on or before on April 10, 1995? **YES** **NO** If **YES**, no further action is needed. If **NO**, submit a completed **FORM 4600 – SURETY BOND** for ten thousand dollars (\$10,000).

G. ATTACHMENTS

Attach the following information:

- List of instructional materials, such as books (include title, publisher and year), tools and equipment to be purchased by the student.
- List of instructional aides such as books, video tapes, software, charts, etc. which are to be used in this program. (Do not include items to be purchased by the student.)
- List of equipment owned by school that will be used in this program by name, description, quantity and age.
- Explain and describe the procedures used in order to keep equipment and materials up-to-date.

H. PROGRAM COST

1. TUITION

\$		Tuition Cost
\$		Registration Fee
\$		Total Cost of this Proposed Program (Tuition + Registration)

2. STUDENT PURCHASED TEXTBOOKS AND EQUIPMENT NOT INCLUDED IN TUITION

\$		Approximate Cost of Textbooks
\$		Approximate Cost of Equipment
\$		Total Cost of Textbooks and Equipment Purchased by the Student

3. STUDENT PAID FEES – List the current cost of fees if not included in tuition.

	FEE AMOUNT	EXPLANATION OF FEE COVERAGE	CHARGE FREQUENCY
\$			
\$			

\$			
\$			
\$		Total Cost of Fees	

I. PROGRAM INFORMATION

1. Explain the admissions requirements for this program of study including education, experience and testing.

2. Is an entrance test given? **YES** **NO**

If **YES**, provide the name of the test and the minimum acceptable score.

NAME OF TEST	<input type="text"/>	MINIMUM SCORE	<input type="text"/>
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3. Indicate method of delivery:

Classroom Distance Education Combination

4. Does this program require a clinical, externship, or internship experience at a facility other than the school? **YES** **NO** If **YES**, attach a copy of a contract/agreement with a facility where students are placed.

5. Complete the following information concerning licensing and certification:

Upon completion of this program, is licensure required to obtain employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is state, regional, or national certification, testing, etc. required to be employed in this field?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If certification/testing is not required, is state, regional, or national certification available to students who complete this program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If state, regional, or national certification is available, are your students informed of this certification/licensing?	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Provide the following information for each course title and description offered as a part of this proposed program. Indicate how this program is offered: (check only one)

Clock Hours Quarter Credit Hours Semester Credit Hours

Clearly identify clinical, externship, and internship courses.

COURSE NUMBER	COURSE TITLE AND DESCRIPTION (DO NOT USE PROGRAM TITLES)	CLOCK/CREDIT HOURS	LAB CLOCK/CREDIT HOURS	OTHER CLOCK/CREDIT
1001 [SAMPLE]	English Composition I – This course develops writing skills through analysis of essays, articles and other written works that are used as models for writing practice and development. Writing assignments stress process approaches, development, organization, revision and audience awareness. Students use word processing and web-based tools to develop written work.	45 clock	0	0

