

**FORM 1020 – ORIGINAL LICENSE 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	

Are all courses for this program of study going to be offered at 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 LICENSE APPLICATION.**

**B. OCCUPATIONAL DEMAND**

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

**C. ATTACHMENTS**

1. Attach a list of instructional materials, such as books (include title, publisher, and year), tools, and equipment to be purchased by the student.
2. Attach a 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.).
3. Attach a list of equipment that will be used in this program by name, description, quantity and age.
4. Explain and describe the procedures used in order to keep equipment and materials up-to-date.

## D. PROGRAM COST

### 1. TUITION

\$		Tuition Cost
\$		Registration Fee
\$		<b>Total Cost of this Proposed Program (Tuition + Registration)</b>

### 2. STUDENT PURCHASED TEXTBOOKS AND EQUIPMENT NOT INCLUDED IN TUITION

\$		Approximate Cost of Textbooks
\$		Approximate Cost of Equipment
\$		<b>Total Cost of Textbooks and Equipment Purchased by the Student</b>

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

	FEE AMOUNT	EXPLANATION OF FEE COVERAGE	CHARGE FREQUENCY
\$			
\$			
\$			
\$			
\$		<b>Total Cost of Fees</b>	

## E. PROGRAM INFORMATION

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

--

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

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

NAME OF TEST	MINIMUM SCORE

3. Indicate how this program is offered:

Clock Hours  Quarter Credit Hours  Semester Credit Hours

4. Indicate method of delivery for this program:

Classroom  Distance Education  Combination

5. 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.

6. Complete the following information concerning licensing and certification:

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

