

**FORM 2005 – NEW PROGRAM OF STUDY FOR A LICENSED SCHOOL**      **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?  **YES**  **NO** If **YES**, complete **FORM 3120 – INSTRUCTOR REGISTRATION NEW PROGRAM OF STUDY**. Will new instructors be added to teach this program?  **YES**  **NO** If **YES**, submit the appropriate **INSTRUCTOR RECORD OF QUALIFICATIONS** document (**FORM 3000, 3020, 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](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	

## F. SURETY BOND

Is the cost of this program three thousand dollars (\$3,000) or more?  **YES**  **NO**  
 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 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
\$		<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>	

## I. PROGRAM INFORMATION

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

- 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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TOTAL CLASSROOM HOURS IN THIS PROGRAM	
TOTAL LAB HOURS IN THIS PROGRAM	
TOTAL OTHER HOURS IN THIS PROGRAM	
<b>GRAND TOTAL NUMBER OF HOURS IN THIS PROGRAM:</b>	

**STATEMENT OF COMPLIANCE**

Under penalty of perjury, I declare and affirm that the statements made on this form, including attached sheets, are true, complete and accurate.

Printed Name of Official		Title	
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Signature of Official <b>(Sign in Blue Ink)</b>		Date	
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