ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
501 WOODLANE, SUITE 312 SOUTH
LITTLE ROCK, AR 72201
PHONE (501) 683-8000
FAX (501) 683-8050
E-MAIL sbpce@arkansas.gov
WEBSITE www.sbpce.org

BOARD USE ONLY
APP Processed by ____
APP Reviewed by ____

FORM 2015 – NEW PROGRAM OF STUDY LIST FOR LICENSED CAREER SEMINAR SCHOOL

No Fee

Currently licensed career seminar schools must complete this form for additional program licensure.

NAME OF SCHOOL	

ADDRESS (LOCATION)	

CITY		STATE		ZIP	

1. List below in alphabetical order the program(s) you propose to offer, as well as the length and total cost of the program(s). (Total Cost = Registration Fee + Tuition)

2. Indicate if these programs are ☐ Clock Hours or ☐ Credit Hours

(Lines will expand as needed)

ATTACH ADDITIONAL FORM 2015 PAGES AS NEEDED.

Program Title	Length of Program	Registration Fee	Tuition	Total Cost

STATEMENT OF COMPLIANCE

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

Printed Name of Official		Title	

Signature of Official **(Sign in Blue Ink)**		Date	