
***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 \$50.00 and must be **made payable to Minister of Finance**. I have attached a cheque or money order. Yes No**4 Program Amendment Details:**

- (A) curriculum change in content or module breakdown
- (B) curriculum hours or weeks of instruction
- (C) delivery method (full-time, part-time; college site-classroom, online, virtual, lecture, practical/experiential; distance-interactive, other, etc.)
- (D) change in accreditation, regulatory, or industry standards (CANS, THRSC, etc.)
Attach a letter from the regulatory body and details for the amendment, including the curriculum (e.g., Section 22 and 23 of the Application for Occupational-Training program).

(E) Other (please specify): _____**5 Program Planning:**

Why are these changes proposed?

6 Implementation:

When is it intended these changes would take effect? _____
(dd/mm/yyyy)

Is it intended that students currently enrolled would be offered the amended program as an amendment to their student contracts?

Yes No

7 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)

8 Contact Information:

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Private Career Colleges Division
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Halifax, Nova Scotia
B3J 2T8

Civic: Labour and Advanced Education
Private Career Colleges Division
1505 Barrington Street, 3rd Floor, South
Halifax, Nova Scotia
B3J 3K5

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