

## INDUSTRY REVIEW

Private Career Colleges Operational Regulations  
Pursuant to Section 10 (3)

### To be completed by College Official:

Name of Private Career College: \_\_\_\_\_

Program Title: \_\_\_\_\_

National Occupational Classification (NOC): \_\_\_\_\_

Click <https://noc.esdc.gc.ca/> to search for a 5-digit code (2021 NOC Version). If no specific code applies, give the unit group name and number.

For a PDF version, click: <https://www.statcan.gc.ca/en/12-583-x/12-583-x2021001-eng.pdf>

Specify the wage and/or salary for this position: \_\_\_\_\_

### Program Details:

Weeks of Instruction (without breaks): \_\_\_\_\_ Instructor/Student Ratio: \_\_\_\_\_

Weeks of Instruction (with breaks): \_\_\_\_\_

Duration in hours: \_\_\_\_\_

Cost of the Program: Tuition: \_\_\_\_\_  
 Books/Text/Manuals fees: \_\_\_\_\_  
 Equipment: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Total Cost: \_\_\_\_\_

What is the admission requirement for this program? \_\_\_\_\_

Is the Program Canada Student Loan Eligible: Yes  No

If yes, potential maximum loans:

Canada Student Loan \$210 x \_\_\_\_\_ (weeks of instruction with breaks) = \_\_\_\_\_  
 Nova Scotia Student Loan \$180 x \_\_\_\_\_ (weeks of instruction with breaks) = \_\_\_\_\_  
 TOTAL = \_\_\_\_\_

\_\_\_\_\_  
 Name of College Official Title of College Official

\_\_\_\_\_  
 Signature of College Official Date (yyyy / dd / mm)

**Complete the attached spreadsheet** concerning the modules names, hours, instructional method, equipment required for each module and education / experience / certification level required by the instructor for each module.





**Note:** A curriculum ready for review must contain a program summary introducing program purpose, student admission requirements, and a detailed description of the following for each subject module:

- a) Subject description complete with theory/skill objectives, content outline
- b) Hours of instruction or experiential learning
- c) Course training aids/equipment requirements
- d) Instructional and evaluation methods
- e) Student textbooks/Equipment and other resource materials
- f) Training location description
- g) Education/Experience/Certification required for Instructors
- h) List of certifications achieved in the program

1a. For the following question please provide your rating assessment of the program curriculum. In responding, choose whether you 1- Strongly disagree (SD), 2- Disagree (D) 3- Neither agree or disagree (NAD) 4- Agree (A) or Strongly agree (SA). If you cannot comment, leave all spaces blank.

<b>Evaluation Criteria</b>	<b>1-SD</b>	<b>2-D</b>	<b>3-NAD</b>	<b>4-A</b>	<b>5-SA</b>
A. The training objectives fit well with the required job skills/duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The program provides satisfactory entry-level training for the intended career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The program length is appropriate for the required skill and knowledge attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The program content is greater than required for entry-level employment requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The equipment listed is satisfactory for program delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Program entrance requirements meet industry standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Instructional and evaluation method(s) outlined are appropriate for satisfactory program delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Entry-level employment opportunities exist for graduates of this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1b. For responses rated as either 1-Strongly disagree, 2- Disagree or 3- Neither agree or disagree, please explain:

---

---

---

---

2a. Is this material sufficient for you to make a knowledgeable assessment of the proposed program? Yes  No

2b. If no, what additional information do you require? \_\_\_\_\_

---

---

---

3. Are you responsible for the position type you are reviewing? Yes  No

4. Last year, how many individuals were hired by your organization/business for position(s) described in this program? \_\_\_\_\_

5a. Describe the possible employment opportunities for graduates in this occupation and the estimated starting wages/salary:

Locally \_\_\_\_\_

---

Provincially \_\_\_\_\_

---

Regionally \_\_\_\_\_

---

Nationally \_\_\_\_\_

---

5b. Is work primarily: full-time  part-time  temporary/term   
contract  through self-employment

6. If there were an opening in your organization/business, would an application from a graduate of this proposed program, who had no relevant work experience, be given serious consideration? Yes  No

If no, please explain why and indicate what criteria you are looking for in a potential employee? \_\_\_\_\_

---

---

---

7a. To your knowledge, are there any Act(s)/regulation(s) or industry or professional standards that regulate or are relevant to the practice of the career that is the subject of this proposal? Yes  No

If yes, please name the legislation, regulations or standards:

---

---

7b. In reference to this proposal, are there any instructor certification requirements needed to prepare a student for employment in this field of work? Yes  No

If yes, please indicate the certification requirements needed \_\_\_\_\_

---

7c. To your knowledge, are there any sector council standards relevant to the practice of the career that is the subject of this proposal? Yes  No

If yes, please identify the sector council requirements \_\_\_\_\_

---

8. Does the training program meet the requirements of the:

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| a) Legislation, regulations or standards? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b) Professional standards?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c) Occupational standards?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d) Sector Council standards?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Typical titles for descriptions of jobs a graduate at this program be eligible for?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

9. Please provide any additional comments that you may have regarding this program which have not been previously covered. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What, if any, additional qualifications/education would your company require of a graduate from this program before considering them for an entry level position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Can we release the results of the Industry Review to the College: Yes  No

12a. I am self-employed or the owner or principal decision-maker for the business, agency, or organization contacted for this Industry Review. YES NO

12b. If no, please respond to the following:

i) The information provided on this Industry Review represents the formal view of the business, agency, or organization. YES NO

ii) I have formal authority to represent the business, agency, or organization in this manner. YES NO

**If the response to either statement in 12b is "NO", please provide a letter confirming the information and opinions in the Industry Review from a person with authority to formally represent the business, agency, or organization.**

_____	_____
Name of reviewer	Representing (association/organization/company)
_____	_____
Signature of reviewer	Date (yyyy / dd / mm)

*The reviewer may be asked to work with college to ensure the program is complying with industry standards.*

---

**Reviewer Use Only:** Please include and send the following (3) documents to the address below:

- *this industry review*
- *the program curriculum*
- *\*letter from the individual who has authority to bind the company/organization*

**Private Career Colleges Division  
Advanced Education  
1505 Barrington Street  
11th Floor, North  
Halifax, Nova Scotia  
B3J 3K5**

**Email : [pccforms@novascotia.ca](mailto:pccforms@novascotia.ca)**