

APPLICATION FOR APPROVAL TO AMEND OCCUPATIONAL-TRAINING PROGRAM

*Private Career Colleges Operational Regulations
Pursuant to Section 10*

For Labour and Advanced Education USE ONLY

Cheque or Money Order #

Date of Cheque or Money Order (yyyy / mm / dd)

Initial

Approved Not Approved

Authorized by: Name (please print)

Signature

Date (yyyy / mm / dd)

Data Entry by: Name (please print)

Signature

Date (yyyy / mm / dd)

Section 1 – General Information:

Name of College: _____

Name of Program: _____

Certificate/Diploma: certificate diploma

Location(s): _____

Section 2 – Contact Information:

Name of College Official: _____

Position or Title: _____

Phone Number: _____ Email: _____

Section 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**

Section 4 – Program Amendment(s): What amendment(s) are you proposing?

- (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)
- (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) Other (please specify): _____

Please attach documentation of proposed changes (e.g., Section 22, 23 of the Application for Certificate of Approval of an Occupational-Training Program.

Section 5 – Program Planning:

- 1) Why are these changes proposed?

Section 6 – Implementation:

- 1) When is it intended these changes would take effect? _____
(yyyy / dd / mm)
- 2) Is it intended that students currently enrolled would be offered in the updated program as an amendment to their contracts? YES NO

Section 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 approving 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 the contract with the college.

Name of College Official (print): _____

Position or Title (print): _____

Signature: _____ Date: _____

Contact Information:

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B3J 2T8

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