

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 <http://www5.hrsdc.gc.ca/noc/english/noc/2011/Welcome.aspx> to search for a 4 digit code. If no specific code applies, give the unit group name and number.

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.

To be completed by Industry Reviewer:

You are being asked to complete this Industry Review in order for the Private Career College to complete a review of a proposed entry-level occupational-training program.

* If you choose not to review this college's curriculum and program please advise the college.

Reviewed by: _____

Organization/Business Name: _____

Position: _____

(Please indicate the following):

a) Years of experience: _____

b) Level of education / certificate / license related to this program: _____

c) Do you make hiring decisions for this position: Yes No

Telephone (daytime number) _____ Fax _____

Email _____

Address of Reviewer: _____

(street)

(city/province)

(postal code)

The curriculum information provided to you for review by the Private Career College is proprietary information. The curriculum and supporting documents are to be treated as confidential documents and not shared with any other person or body unless written authorization from the college.

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.

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

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

12. Please include a letter from the individual at your place of employment who has authority to bind the company/organization stating that he/she is in agreement with the industry review.

***If you are self-employed, this requirement does not apply.**

_____	_____
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*

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