



APPLICATION FOR APPROVAL

INITIAL Hybrid/Distance Education Program for Public Institutions and Job Corps Centers

PLEASE ALLOW 90 DAYS FOR APPROVAL OF A COMPLETE APPLICATION

| | |
|---|--|
| Institution | |
| Street Address | |
| City, State, Zip Code | |
| Chief Administrator | |
| Telephone Number | |
| Fax Number | |
| Email Address | |
| Name of Program | |
| CIP Code | |
| Implementation Date | |
| Date of Next Accreditation Visit | |

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GENERAL INFORMATION

This application is for use by Public Institutions and Job Corps Centers. *Non-Public institutions do not use this application.*

This application addresses the Council's institutional criteria for distance education and is to be completed by institutions seeking Commission approval to begin the delivery of instruction via distance education methods. Commission approval is required even if only one course is to be offered via distance education. **Exemption:** Institutions that have on file a letter from the Commission approving distance education instruction prior to **July 1, 2007** are not required to file an application for institutional distance education approval.

All subsequent hybrid/distance education approvals for new programs or conversions of existing programs may be applied for using the Mini-Form.

DEFINITIONS

The Commission uses the following terminology in relation to instructional activities:

Course – A series of lectures, laboratory, and/or work-based activities that pertain to a particular subject and that are typically required as part of a broader curriculum (a program for example).

Distance Education – An educational delivery method that uses one or more technologies to provide instruction to students who are separated from the instructor, synchronously or asynchronously. Technologies used may include the internet, print-based media, e-mail, one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communication devices; audio conferencing; or video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMS are used in a course in conjunction with any of the technologies listed. Limitations specified until "Contractual Agreements/Contracts for Instruction" apply to distance education delivery of instruction.

Distance Education Program - A program that *makes available* 50% or more of its required instructional hours via distance education.

Hybrid Program - A program that *makes available* less than 50% of its required instructional hours via distance education.

Laboratory Instruction - An instructional setting under the supervision of institutional faculty in which students apply theories and principles learned during lectures in order to acquire the proficiency and dexterity that is required in the occupation for which the student is being prepared.

Lecture - Instruction by a qualified faculty member which imparts to students the concepts, principles, and theories of an academic or technical subject.

Program - A combination of courses and related activities (e.g. laboratory activities and/or work-based activities) that leads to a credential and is offered by an institution to develop competencies required for a specific occupation.

Scope (change of)— Any instance in which an institution departs significantly from its mission in regard to the occupational areas for which it offers preparation or the credentials it offers for the successful completion of its programs (certificates, diplomas, associate degrees). (Example 1: An institution which specializes in cosmetic arts decides to add business programs. Example 2: An institution that previously offered only certificate and diplomas in business office technology decides to add an associate degree in business office technology.)

Traditional Program – A program that requires all instructional hours to be completed on campus.

Work-Based Activities— Structured learning activities conducted in supervised work settings external to the institution or a program, or in a setting that involves the public (for example: clients who are served by the institution in cosmetology, clinical, or automotive technology settings) that are components of educational programs (e.g., externships, internships, clinical experiences, industrial cooperative education, and similar activities). Work based activities may also include structured learning activities that occur outside of the classroom. These activities must be planned with at least two objectives:

1. To provide students with the opportunity to develop and apply a 'real world' work experience using the knowledge and skills they attained in their program of study; and,
2. To provide the institution with objective input from potential employers or customers of program graduates.

IMPORTANT

The Institutional Distance Education application must be accompanied by an application (New Associate Degree or Mini Form) for the program where distance education, to any degree, is to be first offered by the institution.

APPROVAL PROCESS

The Commission may grant initial approval of this application at its next meeting. A virtual site visit will take place within 180 days of initial approval. A physical site visit may be required as well. The Commission will then review the team report prior to granting final approval.

All requested documentation and the \$1,000 application fee must be received before this application will be processed.

Once an institution receives Institutional Distance Education **final** approval, applications for additional programs with a distance education delivery method may be submitted. These subsequent applications will not require site visits if they are within the scope of occupational programs already approved by the Commission for the institution.

HELPFUL TIPS TO ENSURE YOUR APPLICATION IS PROCESSED IN A TIMELY MANNER

1. **Answer all questions completely.** If any question in the application does not apply to your situation, type 'Not Applicable' or 'N/A' so that no question is left unanswered.
2. **Re-check your calculations on the clock hour/credit hour chart.** Simple math mistakes take up just as much time as do missing documentation and unanswered/incomplete questions, so please be sure that you list **correct** totals at the bottom of each column and that the ratio of clock to credit hours is within the Commission's stated guidelines (see definition below).

Clock Hour/Credit Hour Ratios - A credit hour is equivalent to a minimum of each of the following: one semester credit for 15 clock hours of lecture, 30 clock hours of laboratory, or 45 clock hours of work-based activities; or one quarter credit hour for 10 clock hours of lecture, 20 clock hours of laboratory, or 30 clock hours of work-based activities.

3. **List each course (name and length) in this program on the clock hour/credit hour chart.** This list of courses should match exactly the course listing on any state approval documents, within the institution's catalog, syllabus, website, and brochures.
4. **Attach all applicable documentation that is requested in this application.** Do not forget to include any items you reference in your narrative responses, if needed.
5. **Describe the program and each course within it in identical terms** (name, length, and description) in this application, on any state approvals that are required, and in your institution's catalog, syllabus, web site, and brochures.
6. **Plan for Substantive Changes.** Institutions must inform the Commission as soon as the plans are made, but no later than 30 working days prior to the change unless otherwise indicated.

Important: The only substantive change that may be approved for candidates for accreditation are changes in existing educational programs. Institutions planning to host a team visit for the purpose of reaffirmation of accreditation may not apply for approval of any substantive change except for the addition of new educational programs and changes in existing educational programs within six months of hosting the team visit.

For more information on planned and unplanned substantive changes, see the latest edition of the *Handbook of Accreditation*.

7. **Instruction from external agency.** Students of an accredited institution shall not receive more than 50 percent of their instruction from an external agency, corporation, institution, or individual. All parties to such contracts must meet the standards, criteria, and conditions adopted by the Council.

For more information on contractual arrangements, see the latest edition of the *Handbook of Accreditation*.

**Answer each of the following questions and submit all required documentation.
Indicate "N/A" for questions that do not apply.**

| | | | |
|---|---|--|--|
| 1. | Approval Request (check one): | <input type="checkbox"/> Initial (FIRST) <input type="checkbox"/> NEW Hybrid/Distance Program | <input type="checkbox"/> Initial (FIRST) <input type="checkbox"/> CONVERSION of a Traditional Program to Hybrid/ Distance Education Delivery |
| 2. | Delivery Mode (check all that apply): | <input type="checkbox"/> Traditional/Hybrid | <input type="checkbox"/> Distance Education |
| 3. | Indicate all methods of distance education instruction to be employed: | <input type="checkbox"/> Audio/Video <input type="checkbox"/> Computer Technologies (via Internet) <input type="checkbox"/> Other | |
| 4. | Proposed implementation date of distance education instruction: | | |
| 5. | Is the implementation of distance education instruction mentioned in the institution's strategic plan? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If not, explain why not and provide evidence of how the new program was planned and implemented, rationale, statement of need, and consistency with the mission of the institution. | | | |
| 6. | Describe adjustments made, if any, to placement services provided to students enrolled in distance education instruction. | | |
| | | | |
| 7. | Describe the plan for collecting follow-up information from students once they complete or withdraw from distance education instruction. | | |
| | | | |
| 8. | Has the refund policy been changed in any way as a result of implementation of distance education instruction? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If yes, provide an explanation of changes to the refund policy. | | | |
| 9. | Describe the grievance policy to be used by students enrolled in distance education instruction. | | |
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| 10. | If proctors are required for testing, describe the institution's process for approving test proctors. | | |
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| 11. | What management systems are in place to ensure the authenticity of student coursework and testing in distance education instruction? | | |
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Internet Delivery Only

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|--|--|--|
| 12. | Internet Address (URL) for Online Programs/Courses: | |
| 13. | Provide a generic username for Commission use in gaining access to online programs/courses: | |
| 14. | Provide any required password for Commission use in gaining access to online programs/courses: | |
| 15. | Are the servers that manage online delivery of instruction on site at the main campus? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If no, list name and contact information of the company that has been contracted to manage internet servers: | | |
| 16. | Describe the backup system(s) in place to assure protection of data (either managed by the institution or by a contracting company). | |
| 17. | Describe what methods are in place to protect the network against theft of sensitive information. (Social security numbers, credit card numbers, checking account numbers, home addresses, email addresses, telephone numbers, etc.) | |
| 18. | Describe what systems are in place to assure users reasonable access to servers for completion of coursework (either managed by the institution or by a contracting company). | |
| 19. | Describe the policies the institution has in place for the faculty that require exercises on the part of faculty to assess the consistency of student coursework. | |
| 20. | How will students enroll in a program with a distance education component? | |
| 21. | What process is in place that assures a 24-hour response time to inquiries from online students? | |
| 22. | What software and procedures are in place to assist in detecting plagiarism in order to ensure the originality and consistency of student coursework? | |

REQUIRED DOCUMENTATION CHECKLIST

(Scan and attach electronically if necessary)

| | | |
|-----|---|--|
| 1. | Complete the attached clock hour/credit hour chart for the new/converted program. Complete chart for programs measured in clock AND/OR credit hours. | |
| 2. | Provide a copy of the program syllabus. | |
| 3. | Provide minutes of Institutional Advisory Committee meetings which reflect its involvement in the planning of these activities. | |
| 4. | Provide an adjusted budget reflecting designation of funds to be used for distance education operating expenditures (equipment, staff, faculty, contractors, etc.). | |
| 5. | Complete the attached Personnel Form for each NEW person employed in an administrative or instructional capacity who will be involved in the institution's distance education activities. (Include descriptions of experience with and/or training for distance education administration and instruction.) | |
| 6. | Complete the attached Personnel Roster showing each staff member currently employed in an administrative or instructional capacity who will be involved in the institution's distance education activities. | |
| 7. | Provide a copy of all contracts with outside agencies/individuals that provide services which support the institution's distance education instruction (equipment, technical support, instruction, etc.) and which meet all standards, criteria, and conditions adopted by the Council. | |
| 8. | Provide evidence of bonding for individuals responsible for the maintenance of databases that contain sensitive information. | |
| 9. | Provide copies of approvals from all appropriate authorizing agencies for this instruction to be offered through distance education delivery methods (approvals from governing boards, state proprietary school boards, state or local boards of health, federal agencies, or other state agencies). Approvals may be required from agencies for each state in which the institution maintains a physical presence and from where the institution will administer distance education programs or courses. If approval is not required by any of these agencies for distance education instruction delivery, provide evidence that the institution is exempt from this approval. | |
| 10. | Include a check for \$1,000 application fee made payable to the Council on Occupational Education. If a site visit deposit is required for this application, the Council staff will notify the institution. | |

APPLICATION CERTIFICATION AND DISCLOSURE STATEMENT

I attest that all information relative to this application is true and correct.

Signature of Chief Administrator

Date

CLOCK HOUR/CREDIT HOUR CHART

| | |
|---------------------|-----------------|
| Program Name | CIP Code |
|---------------------|-----------------|

Instructions: Refer to the latest edition of the *Handbook of Accreditation* for definitions. For programs measured in clock hours only, provide information for clock hour columns. For programs measured in credit hours, provide both clock and credit hour information. LIST ALL COURSES OFFERED WITHIN THE PROGRAM. Make additional copies of this page as needed.

Provide total program length in all categories that apply (be sure these numbers agree with the grand totals):

| | | | | | |
|---|--|--|--|---|--|
| TOTAL REQUIRED CLOCK HOURS: | | SEMESTER CREDIT HOURS: | | QUARTER CREDIT HOURS: | |
| <u>Total number of clock hours available via distance education</u> | | <u>Total number of semester hours available via distance education</u> | | <u>Total number of quarter hours available via distance education</u> | |

| COURSE NAME (Use one line for EACH COURSE within the program.) | LECTURE Place an 'x' in the far right column if any course instruction is available via distance education delivery. | | | LABORATORY Place an 'x' in the far right column if any course instruction is available via distance education delivery. | | | WORK-BASED ACTIVITIES Place an 'x' in the far right column if any course instruction is available via distance education delivery. | | | Course Totals | |
|--|--|--------------|----|---|--------------|----|--|--------------|----|----------------------|--------|
| | Clock Hours | Credit Hours | DE | Clock Hours | Credit Hours | DE | Clock Hours | Credit Hours | DE | Clock | Credit |
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| TOTAL ALL COLUMNS | | | | | | | | | | | |

GRAND TOTALS

The Grand Total number of credit hours will be rounded down in accordance with the latest edition of the *Policies and Rules of the Commission*.

PERSONNEL FORM

Complete this form for each person employed in an instructional, supervisory, or administrative capacity, full- or part-time, who will be involved in the new program. Include descriptions of experience with and/or training for distance education administration and instruction, if applicable.

| | | |
|--|-----------------------|------------|
| Full name: | | |
| School: | City: | State: |
| Date of initial employment: | Full-Time: | Part-Time: |
| Present title: | How long in position? | |
| Describe primary responsibilities, including subjects taught: | | |
| | | |
| Describe current instructional/supervisory/administrative licenses and/or credentials and ATTACH COPIES to this form: | | |
| | | |

Educational Background: (Attach additional sheets if necessary)

| Institution Name & Address | Attendance | | Major Studies | Award Diploma/Degree |
|----------------------------|------------|----|---------------|-------------------------|
| | From | To | | |
| | | | | |
| | | | | |

Related Work Experience:

| Company Name & Address | Dates | | Job Title & Duties |
|------------------------|-------|----|--------------------|
| | From | To | |
| | | | |
| | | | |
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|--|
| How do you maintain up-to-date professional knowledge? (Organization activities, self-study, publications, etc.) |
| |

Attach copies of highest credentials earned, also any program related certifications.

CERTIFICATION STATEMENT

I certify that the information contained on this form and attached hereto is correct and complete.

Employee's Signature *Date*