

**APPLICATION FOR ADDITION OF A NEW PROGRAM**  
**Nebraska Department of Education**  
**Private Postsecondary Career Schools & Veterans Education**  
**P.O. Box 94987**  
**Lincoln, NE 68509-4987**

References: Rule 41, Section 004 and Appendix A

Name of School: _____		
City: _____	State: _____	Zip: _____
Telephone Number: _____	Fax Number: _____	Email: _____
<b>Program Title:</b> _____		
Credential Awarded:      ___ Certificate                  ___ Diploma		
Program Measurement:	Clock Hours No. of Hours: _____	or Credit Hours No. of Hours: _____
		or Quarter Hours No. of Hours: _____
<input type="checkbox"/> Program Length – Number of:                  Days: _____                  Weeks: _____                  Months: _____                  Years: _____		
<input type="checkbox"/> Total Tuition Per Program/Term: \$ _____		
<input type="checkbox"/> Date First Class Will Start: _____		
<input type="checkbox"/> Date First Class Will Graduate: _____		
<input type="checkbox"/> Maximum Enrollment Size (NCD):		
<input type="checkbox"/> \$135.00 New Program Fee ( <i>Appendix A</i> )		
<input type="checkbox"/> Instructor Qualification Forms (004.05)		
<input type="checkbox"/> Course Schedules (004.09E)		
<input type="checkbox"/> Course Descriptions (004.01 & 004.09H)		
<input type="checkbox"/> Course Outlines (004.01 & 004.09H)		
<input type="checkbox"/> Specific Statement of Program Objectives (004.09G)		
<input type="checkbox"/> Description of Facilities & Equipment Used (004.02 & 004.09F)		
<input type="checkbox"/> Evidence that curriculum is based on the knowledge and skill required to enable a graduate to secure an entry level position in this occupation (004.01C). <i>i.e., statements from program Advisory Council members or from local employers approving this curriculum, comparable programs that have been approved and are successful at other schools.</i>		
<input type="checkbox"/> Catalog or catalog addendum containing references to this program (004.09)		
<input type="checkbox"/> Proposed advertising to be used for this program (004.13)		
<input type="checkbox"/> Teacher/Student Ratio (004.09G)		
<input type="checkbox"/> Veterans Education Approval Requested: If requesting approval for Veterans Education, provide 4 copies of all documentation.		
<input type="checkbox"/> Return form, supporting documentation, and fees to address listed above		
<b>THIS FORM MAY NOT BE REWODED</b>		
_____ <b>Printed Name &amp; Title of School Administrator</b>		_____ <b>Date</b>
_____ <b>Signature of School Administrator</b>		_____ <b>Date</b>
<i>Additional forms are available on our website at PPCS.org</i>		