**District of Columbia**

**Higher Education Licensure Commission**

**APPLICATION FOR PROGRAM AMENDMENT**

Pursuant to District of Columbia Municipal Regulations 8123 and 8010.1, an institution licensed by the Higher Education Licensure Commission shall submit an Application for Program Amendment if it proposes to offer a new degree or program of study, modify an existing approval or delete an approved program of study. One (1) individual copy of the request should be submitted along with two (2) flash drives each containing an electronic copy of the complete application.

The content (forms, documents, responses, publications) must be in a three-ring notebook/binder.

1. The notebook/binder must have a table of contents.
2. The notebook/binder must be divided into the sections consistent with parts I and II of this application form.
3. Each section must be clearly marked with tabs/indices. Please avoid using the tabs that require inserts.
4. All pages must be numbered.

You may remit payment via credit card [here](https://helc.osse.dc.gov/vPage/ApplicationPaymentIndex/2406/91317) or include a check or money order payable to the DC Treasurer as follows: $300 per program change, $300 per program modification, $300 flat for program deletion(s). Application materials may be mailed/delivered to:

Higher Education Licensure Commission

1050 First Street, NE – 5th Floor

Washington, DC 20002

Applications submitted without payment are considered incomplete. The review process takes up to 90 days depending on the timeframe the request is submitted as well as the completeness of the submission. Requests for Program Amendment are acted on (approved, denied) during public meetings of the Commission.

All the resources required to operate an educational institution (such as facilities, equipment, etc.) must be acquired **before** submitting the application to the HELC office. An institution cannot begin operations or advertising a new program until the Commission has approved the request.



**Application for Program Amendment**

**PART I-** General Information

**Name of Institution:** Click here to enter text.

**Point of Contact** (for this application)

Name and title: Click here to enter text.

E-mail:Click here to enter text.DirectPhone:Click here to enter text.

Name of Chief Executive *(if different)*: Click here to enter text.

**Type of Amendment Requested:**

[ ]  New Program (complete section A) [ ] Modification of Approved Program (complete section B)

[ ]  Program Deletion (complete section C)

|  |
| --- |
| **A. NEW PROGRAM REQUEST**  |

**New Proposed Program Narrative**

|  |
| --- |
| 1. Describe rationale for offering the new program(s).
 |
| Click here to enter text. |

|  |
| --- |
| 1. Describe anticipated student learning outcomes. Include a statement demonstrating how the new proposed program (s) is consistent with the overall objectives of the institution.
 |
| Click here to enter text. |

|  |
| --- |
| 1. Describe market/employment demand for the proposed program(s). Include possible position titles for which graduates would qualify, employment projections from the Bureau of Labor Statistics, and employment projections from DC industry and occupational projections.
 |
| Click here to enter text. |

|  |
| --- |
| **GOVERNANCE**Is the institution accredited?[ ] YES [ ] NO If yes – List Accrediting Body: Click here to enter text.Has the institution’s accreditor(s) been notified of the proposed new program? [ ] YES [ ] NO **Required Attachments*** Evidence of accreditation in good standing
 |
| **FACULTY**Provide evidence that faculty shall have academic and teaching qualifications appropriate to their positions. **Required Attachments*** ***Instructor Qualification Form*** for faculty involved with the new program (see part II)
* Resumes and copies of all applicable degrees, licenses and certifications of faculty
 |
| **FINANCES**Provide a description of financial resources that will support the new program.**Required Attachments*** Operational Budget
* ***Surety Bond*** (see part II)
 |
| **CURRICULUM/INSTRUCTIONAL PROGRAM**Provide evidence that the curricula and programs of study provide sequences of subjects leading to competence appropriate to each level of study and the requirements for degrees and certificates are clearly delineated.**Required Attachments*** For each new proposed program complete and attach a ***New Program*** ***Academic Credit Analysis*** form along with course descriptions (see part II)
* An outline of curriculum and syllabi for each course in the program
* Copies of agreements between institution and clinical sites (only required if new programs require students to complete internships/externships/clinical experiences)
* If certification by exam or license is required in the field, provide evidence that the institution is authorized by the state or certifying corporation. Additionally, provide evidence that the program conforms to state, federal, trade standards of training for the occupational field.
 |
| **ADMISSIONS**Provide a description of admission requirements and pre-requisites for the new program.  |
| **LIBRARY**Provide evidence of adequate resource and instructional materials for the needs of the new program. |
| **PHYSICAL PLANT & EQUIPMENT**Provide a description of changes to the physical plant and evidence that all equipment needed for the new program is in good working order.**Required Attachments*** List all new equipment

Note: A change of location requires the submission and approval of an *Application for New Location* |
| **SCHOOL CATALOG****Required Attachments*** Current School Catalog and completed ***Catalog Checklist***(see part II)
 |

**DELIVERY OF ONLINE INSTRUCTION**

Pursuant to Chapter 83, Section 8302 any postsecondary institution seeking to provide online instruction must demonstrate compliance with the *Interregional Guidelines for the Evaluation of Distance Education* published by the Council of Regional Accrediting Commissions (C-RAC).

**Required Attachments:**

* Provide written statement to demonstrate the institution’s ability to deliver distance education in alignment with the nine CRAC standards.
1. **Online learning is appropriate to the institution’s mission and purposes.**

*Analysis/Evidence:*

* The mission statement explains the role of online learning within the range of the institution’s

programs and services;

* Institutional and program statements of vision and values inform how the online learning environment is created and supported;
* As appropriate, the institution incorporates into its online learning programs methods of meeting the stated institutional goals for the student experience at the institution;
* The recruitment and admissions programs supporting the online learning courses and programs appropriately target the student populations to be served;
* The students enrolled in the institution’s online learning courses and programs fit the admissions requirements for the students the institution intends to serve;
* Senior administrators and staff can articulate how online learning is consonant with the institution’s mission and goals.
1. **The institution’s plans for developing, sustaining, and, if appropriate, expanding online learning offerings are integrated into its regular planning and evaluation processes.**

*Analysis/Evidence:*

* Development and ownership of plans for online learning extend beyond the administrators directly responsible for it and the programs directly using it;
* Planning documents are explicit about any goals to increase numbers of programs provided through online learning courses and programs and/or numbers of students to be enrolled in them;
* Plans for online learning are linked effectively to budget and technology planning to ensure adequate support for current and future offerings;
* Plans for expanding online learning demonstrate the institution’s capacity to assure an appropriate level of quality;
* The institution and its online learning programs have a track record of conducting needs analysis and of supporting programs.
1. **Online learning is incorporated into the institution’s systems of governance and academic oversight.**

*Analysis/Evidence:*

* The institution’s faculty have a designated role in the design and implementation of its online learning offerings;
* The institution ensures the rigor of the offerings and the quality of the instruction;
* Approval of online courses and programs follows standard processes used in the college or university;
* Online learning courses and programs are evaluated on a periodic basis;
* Contractual relationships and arrangements with consortium partners, if any, are clear and guarantee that the institution can exercise appropriate responsibility for the academic quality of all online learning offerings provided under its name.
1. **Curricula for the institution’s online learning offerings are coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats.**

*Analysis/Evidence:*

* The curricular goals and course objectives show that the institution or program has knowledge of the best uses of online learning in different disciplines and settings;
* Curricula delivered through online learning are benchmarked against on-ground courses and programs, if provided by the institution, or those provided by traditional institutions;
* The curriculum is coherent in its content and sequencing of courses and is effectively defined in easily available documents including course syllabi and program descriptions;
* Scheduling of online learning courses and programs provides students with a dependable pathway to ensure timely completion of degrees;
* The institution or program has established and enforces a policy on online learning course enrollments to ensure faculty capacity to work appropriately with students;
* Expectations for any required face-to-face, on-groundwork (e.g., internships, specialized laboratory work) are stated clearly;
* Course design and delivery supports student-student and faculty-student interaction;
* Curriculum design and the course management system enable active faculty contribution to the learning environment;
* Course and program structures provide schedule and support known to be effective in helping online learning students persist and succeed.
1. **The institution evaluates the effectiveness of its online learning offerings, including the extent to which the online learning goals are achieved, and uses the results of its evaluations to enhance the attainment of the goals.**

*Analysis/Evidence:*

* Assessment of student learning follows processes used in onsite courses or programs and/or reflects good practice in assessment methods;
* Student course evaluations are routinely taken and an analysis of them contributes to strategies for course improvements;
* Evaluation strategies ensure effective communication between faculty members who design curriculum, faculty members who interact with students, and faculty members who evaluate student learning;
* The institution regularly evaluates the effectiveness of the academic and support services provided to students in online courses and uses the results for improvement;
* The institution demonstrates the appropriate use of technology to support its assessment strategies;
* The institution documents its successes in implementing changes informed by its programs of assessment and evaluation;
* The institution provides examples of student work and student interactions among themselves and with faculty;
* The institution sets appropriate goals for the retention/persistence of students using online learning, assesses its achievement of these goals, and uses the results for improvement.
1. **Faculty responsible for delivering the online learning curricula and evaluating the students’ success in achieving the online learning goals are appropriately qualified and effectively supported.**

*Analysis/Evidence:*

* Online learning faculties are carefully selected, appropriately trained, frequently evaluated, and are marked by an acceptable level of turnover;
* The institution’s training program for online learning faculty is periodic, incorporates tested good practices in online learning pedagogy, and ensures competency with the range of software products used by the institution;
* Faculty is proficient and effectively supported in using the course management system;
* The office or persons responsible for online learning training programs are clearly identified and have the competencies to accomplish the tasks, including knowledge of the specialized resources and technical support available to support course development and delivery;
* Faculty members engaged in online learning share in the mission and goals of the institution and its programs and are provided the opportunities to contribute to the broader activities of the institution;
* Students express satisfaction with the quality of the instruction provided by online learning faculty members.
1. **The institution provides effective student and academic services to support students enrolled in online learning offerings.**

*Analysis/Evidence:*

* The institution’s admissions program for online learning provides good web-based information to students about the nature of the online learning environment, and assists them in determining if they possess the skills important to success in online learning;
* The institution provides an online learning orientation program;
* The institution provides support services to students in formats appropriate to the delivery of the online learning program;
* Students in online learning programs have adequate access to student services, including financial aid, course registration, and career and placement counseling;
* Students in online learning programs have ready access to 24/7 tech support;
* Students using online learning have adequate access to learning resources, including library, information resources, laboratories, and equipment and tracking systems;
* Students using online learning demonstrate proficiency in the use of electronic forms of learning resources;
* Student complaint processes are clearly defined and can be used electronically;
* Publications and advertising for online learning programs are accurate and contain necessary information such as program goals, requirements, academic calendar, and faculty;
* Students are provided with reasonable and cost-effective ways to participate in the institution’s system of student authentication.
1. **The institution provides sufficient resources to support and, if appropriate, expand its online learning offerings.**

*Analysis/Evidence:*

* The institution prepares a multi-year budget for online learning that includes resources for assessment of program demand, marketing, appropriate levels of faculty and staff, faculty and staff development, library and information resources, and technology infrastructure;
* The institution provides evidence of a multi-year technology plan that addresses its goals for online learning and includes provision for a robust and scalable technical infrastructure.
1. **The institution assures the integrity of its online offerings.**

*Analysis/Evidence:*

* The institution has in place effective procedures through which to ensure that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. The institution makes clear in writing that these processes protect student privacy and notifies students at the time of registration or enrollment of any projected additional costs associated with the verification procedures. (Note: This is a federal requirement. All institutions that offer distance education programs must demonstrate compliance with this requirement.);
* The institution’s policies on academic integrity include explicit references to online learning;
* Issues of academic integrity are discussed during the orientation for online students;
* Training for faculty members engaged in online learning includes consideration of issues of academic integrity, including ways to reduce cheating.

|  |
| --- |
| **B. PROGRAM MODIFICATION** |

**Type of Modification Requested:** *(CHECK ALL THAT APPLY)*

[ ]  Program Name [ ]  Delivery Method [ ] Program Length [ ] Program Costs [ ] Add/Remove Courses

|  |  |  |
| --- | --- | --- |
| **Will the modification of the existing program change the:** | **Yes / No** | **If yes, describe change:** *(attach additional sheets if necessary)* |
| Title of Program | [ ] Y [ ] N |  |
| Program Objectives | [ ] Y [ ] N |  |
| Graduation Requirements | [ ] Y [ ] N |  |
| Credential or Certificate Earned | [ ] Y [ ] N |  |
| Entrance Requirements | [ ] Y [ ] N |  |
| Sequence of course/training components | [ ] Y [ ] N |  |
| Total number of clock hours | [ ] Y [ ] N |  |
| Length and/or content of any of the courses or training components | [ ] Y [ ] N |  |
| Externship components  | [ ] Y [ ] N |  |
| Total enrollment | [ ] Y [ ] N |  |
| Student/Faculty ratio | [ ] Y [ ] N |  |
| Tuition, fees and/or other charges | [ ] Y [ ] N |  |
| Policies pertaining to attendance and/or satisfactory academic progress | [ ] Y [ ] N |  |
| Delivery Modality (online, residential, hybrid)Refer to Delivery of Online Instruction above | [ ] Y [ ] N |  |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Y [ ] N |  |

|  |
| --- |
| 1. Describe rationale for the modification.
 |
| Click here to enter text. |

|  |
| --- |
| 1. Describe how the program modifications, if approved, will be implemented.
 |
| Click here to enter text. |

**Required Attachments:**

* Current School Catalog and completed ***Catalog Checklist***(see part II)
* For each new modification to an approved program complete and attach a ***Program Modification*** ***Academic Credit Analysis*** form along with course descriptions (see part II)

|  |
| --- |
| **C. PROGRAM DELETION** |

|  |  |  |
| --- | --- | --- |
| **Name of Program** | **Reason for Deletion** | **Date Effective** |
|  |  |  |
|  |  |  |
|  |  |  |

**Certification** (must be signed by the Chief Administrator of the entity)

*“I hereby affirm that the answers given in this application are true and accurate and complete. I understand that false information on this application may result in revocation and penalties. Further, I am authorized to sign this application on behalf of the entity named herein. I have read and agree to comply with the District of Columbia’s laws and regulations governing corporations and educational entities regulated by the District of Columbia Higher Education Licensure Commission.”*

Click here to enter text.

Type name and title Signature Date

**APPLICATION FOR**

**PROGRAM AMENDMENT**

**POST-SECONDARY INSTITUTION LICENSE**

**PART II - FORMS**

|  |  |
| --- | --- |
| **CONTENTS** |  |
| STUDENT CATALOG CHECKLIST | 10 |
| SURETY BOND | 14 |
| INSTRUCTOR QUALIFICATION FORM | 16 |
| NEW PROGRAM ACADEMIC CREDIT ANALYSIS | 17 |
| PROGRAM MODIFICATION ACADEMIC CREDIT ANALYSIS | 18 |



**STUDENT CATALOG CHECKLIST**

*Place completed form in the section on Catalog*

|  |  |  |
| --- | --- | --- |
| **GENERAL INFORMATION** | **PAGE(S)** | **HELC check** |
| The school name as it appears on the application for certification.  |  | **[ ]**  |
| Date of publication, volume number or other identifying data.  |  | **[ ]**  |
| School’s complete street and/or mailing address, office and fax telephone numbers in its DC location, website address. |  | **[ ]**  |
| A statement that the school is approved to operate by the Higher Education Licensure Commission. |  | **[ ]**  |
| A table of contents, an index, or both. |  | **[ ]**  |
| The name and address of the school’s accrediting body, if applicable.  |  | **[ ]**  |
| The name and address of professional organizations related to the programs of study offered by the school with which the school has membership or other relationship, if applicable.  |  | **[ ]**  |
| School’s mission statement and/or philosophy.  |  | **[ ]**  |
| School’s purpose including a statement of the relative degree of emphasis on instruction, research and public service.  |  | **[ ]**  |
| A statement demonstrating that the school’s proposed program offerings are consistent with its stated purpose. |  | **[ ]**  |
| A statement regarding the history and development of the school.  |  | **[ ]**  |
| A description of the school’s facilities and equipment.  |  | **[ ]**  |
| Information about the school’s library and all other additional academic resources.  |  | **[ ]**  |
| A listing of all programs offered by the school and official name of the credential conferred.  |  | **[ ]**  |
| A description of the school’s activities including telecommunications activities away from it principal/main location. |  | **[ ]**  |
| A listing of all campuses in DC at which the school will offer courses.  |  | **[ ]**  |
| The school’s hours of operation. |  | **[ ]**  |
| A calendar of the school, showing beginning and ending dates for each school year, semester, quarter, term and/or sessions, vacation periods, and holidays observed by the school. |  | **[ ]**  |
| If the institution’s main campus/corporate office is in another state, the following information must be disclosed about the school’s main campus/corporate office: (1) A statement that the school’s governing body has approved each course/degree/diploma or certificate program offered in DC, (2) the name of the appropriate state agency in the main campus/corporation office location, if any, that has granted the necessary approval to offer course/degree/diploma or certificate program in DC, and (3) and a statement that that credits and/or coursework earned at the DC location can be transferred to location(s) outside of DC as part of an existing degree, diploma, or certificate program offered by the school. |  | **[ ]**  |
| A statement regarding the availability of the Student Right-To-Know and Campus Security Act information. |  | **[ ]**  |
|  |  |  |
| **ADMISSIONS AND ENTRANCE REQUIREMENTS** | **PAGE(S)** | **HELC check** |
| A description of the school’s admission policies and entrance requirements. |  | **[ ]**  |
| Additional entrance requirements for specific programs, if applicable. |  | **[ ]**  |
| Application deadlines for the enrollment periods covered by the catalog publication dates, if applicable. |  | **[ ]**  |
| A statement describing how a student is accepted and notified of acceptance. |  | **[ ]**  |
| Conditions of provisional acceptance and the necessary requirements to satisfy the conditions and the deadline for determination of full acceptance as of the terms of the school’s admissions policy. |  | **[ ]**  |
| The criteria for transfer credit accepted by the school, if applicable OR a statement informing students that the school does not give credit for work completed at other institutions |  | **[ ]**  |
| A statement informing students that credits earned at the school are transferable to another institution at the sole discretion of the accepting institution. |  | **[ ]**  |
| School’s policy concerning granting of credit for life or work experience and how these credits will be documented on the student’s official transcript. |  | **[ ]**  |
|  |  |  |
|  |  |  |
| **STUDENT DISCLOSURE INFORMATION (GRADING/RIGHTS & RESPONSIBILITIES/GRIEVANCE)** | **PAGE(S)** | **HELC check** |
| The school’s grading or progress system. |  | **[ ]**  |
| The school’s standards and requirements for satisfactory progress and the course of action taken when the satisfactory progress is not met. |  | **[ ]**  |
| The school’s required grades or other criteria required for satisfactory completion of the program. |  | **[ ]**  |
| A description of how and when students receive their grades or progress reports. |  | **[ ]**  |
| Students’ rights, privileges, and responsibilities. |  | **[ ]**  |
| School’s procedure for handling student complaints/grievances. |  | **[ ]**  |
| A statement indicating HELC is the agency of last resort in the grievance process. |  | **[ ]**  |
| A statement that ensures student(s) will not be subject to unfair action and/or treatment by any school official as a result of the initiation of a complaint. |  | **[ ]**  |
|  |  |  |
|  |  |  |
| **PROBATION, DISMISSAL AND READMISSION**  | **PAGE(S)** | **HELC check** |
| School policy regarding whether a probationary period is given for unsatisfactory grades or progress. |  | **[ ]**  |
| The specific criteria which results in a student being placed on probation. |  | **[ ]**  |
| The length of the probationary period. |  | **[ ]**  |
| The criteria for clearing probationary status. |  | **[ ]**  |
| School policy regarding dismissal for unsatisfactory grades or progress. |  | **[ ]**  |
| The criteria for re-admittance after dismissal due to unsatisfactory grades, if applicable. |  | **[ ]**  |
| The specific criteria for dismissal for reasons other than unsatisfactory grades or progress. |  | **[ ]**  |
| The conditions under which a student will not be readmitted. |  | **[ ]**  |
|  |  |  |
| **STUDENT RECORDS** | **PAGE(S)** | **HELC check** |
| A description of student records the school maintains while a student is enrolled and after the student is no longer enrolled. |  | **[ ]**  |
| The length of time that student records are maintained after the student is no longer enrolled. |  | **[ ]**  |
| A description of how the school maintains student confidentiality. |  | **[ ]**  |
| An explanation as to how a student may obtain a copy of his/her academic and financial records. |  | **[ ]**  |
| An explanation as to under what circumstances an academic record/transcript and/or the financial history of the student will not be released. |  | **[ ]**  |
|  |  |  |
| **STUDENT CONDUCT** | **PAGE(S)** | **HELC check** |
| A description of the type of conduct expected of students and the type of conduct that will not be tolerated. |  | **[ ]**  |
| A statement on action(s) the school will take when a student violates schools standards of conduct. Please include how the student is to request information from the school and how the school will handle, communicate, and respond to the student under these conditions. |  | **[ ]**  |
| A statement describing the dismissal policy for unsatisfactory conduct, if applicable. |  | **[ ]**  |
| The appeal process and the condition(s) for re-admittance if a student is dismissed due to unsatisfactory conduct. |  | **[ ]**  |
| Student guidelines and policies, including any specific prohibitions or requirements. |  | **[ ]**  |
| Student dress code, if applicable. |  | **[ ]**  |
| Any additional ethical standards required by the school and/or the program industry, at large, that is necessary for the success of the student, if applicable. |  | **[ ]**  |
|  |  |  |
|  |  |  |
| **ATTENDANCE/LEAVE OF ABSENCE INFORMATION** | **PAGE(S)** | **HELC check** |
| School’s policy on distinguishing types of absences such as excused, unexcused, full day, late arrival, early dismissal, or class absences. |  | **[ ]**  |
| The standards the school uses to determine types of absences and the way absences are recorded. |  | **[ ]**  |
| School’s definition of tardiness. |  | **[ ]**  |
| A statement of how tardiness affects attendance. |  | **[ ]**  |
| A statement that discloses the policy that a student will be withdrawn from the program after missing so many calendar days (including weekends & holidays) after the student’s last date of attendance. |  | **[ ]**  |
| A statement on how the school will handle assigning and grading make-up work due to absences. |  | **[ ]**  |
| School’s policy on the consequences of unsatisfactory attendance (e.g. probation, dismissal) and policy on re-admittance. |  | **[ ]**  |
| A detailed description of the school’s policy on granting leaves of absence. |  | **[ ]**  |
| The specific condition(s) when a leave of absence is granted. |  | **[ ]**  |
| Any limitations on the time or number of leaves of absence. |  | **[ ]**  |
| A statement explaining the actions taken by the school when the student does not resume attendance on the return date. |  | **[ ]**  |
|  |  |  |
| **TUITION, FEES AND REFUNDS** | **PAGE(S)** | **HELC check** |
| A statement of tuition and fees and other charges related to enrollment, such as deposits, fees, books and supplies, tools and equipment, and any other charges for which a student may be responsible. The school must identify all nonrefundable fees. |  | **[ ]**  |
| A description of all financial assistance available to students. Please identify if the school participates or does not participate in the federal student aid program. |  | **[ ]**  |
| A statement on rules and conditions of installment payments, if applicable. |  | **[ ]**  |
| An explanation of the withdrawal/cancellation policy that includes the three (3) day cancellation period. |  | **[ ]**  |
| The school’s refund policy for tuition and fees. |  | **[ ]**  |
|  |  |  |
| **PROGRAM CURRICULUM** | **PAGE** | **HELC check** |
| The educational objective of each program. |  | **[ ]**  |
| Prerequisites for each course, if required. |  | **[ ]**  |
| A listing of all required courses for each program offered and the credential awarded upon completion. The listing must also include: the number of contact hours of lecture, lab, and externship and total credit/clock hours for each course. |  | **[ ]**  |
| A brief description of each course offered. Include course number and clock/credit hours awarded for each course. |  | **[ ]**  |
| Explain the expectations and requirements for successful completion of an internship/externship or production work deemed part of the curriculum for any program. |  | **[ ]**  |
| The measures the school takes to evaluate and to improve the program success to be consistent with the mission of the school. |  | **[ ]**  |
| A statement on faculty accessibility for academic and/or course advising at stated times outside a course’s regularly scheduled class hours. |  | **[ ]**  |
| A statement as to the availability of all academic support services (i.e., tutoring services/student services/academic and personal advising). |  | **[ ]**  |
| Graduation requirements. |  | **[ ]**  |
| If the institution offers programs leading to the A.A.S. or A.O.S. degree, a statement that these programs are terminal/technical programs and the credit generally earned in these programs are not applicable to other degrees. |  | **[ ]**  |
| A statement that accurately details the type and amount of career advising and placement services offered by the school. |  | **[ ]**  |
| For all courses and programs offered via distance education, the school must provide a statement informing students of the minimum technology specifications required, available student support services, available navigation training, methods for timely interaction between students and faculty, and information exchange privacy and safety policy. |  | **[ ]**  |
|  |  |  |
| **OWNERSHIP AND FACULTY INFORMATION** | **PAGE** | **HELC check** |
| A list of all trustees, officers, entities or institutions that have a controlling ownership or interest in the school, including academic credentials. |  | **[ ]**  |
| Name(s) of chief school officers, the names of administrators for each branch location, including academic credentials. |  | **[ ]**  |
| The powers, duties and responsibilities of the governing board, chief operating officer(s), president, director, chief administrators, and/or owners. |  | **[ ]**  |
| The powers, duties and responsibilities of students, if students participate in the institutional governance. |  | **[ ]**  |
| A listing of chief administrators, advisors and faculty members of the institution, stating academic/professional/licensure credential held and awarded, and all specialized training relating to the areas of instruction. |  | **[ ]**  |

**DISTRICT OF COLUMBIA HIGHER EDUCATION LICENSURE COMMISSION**

**POSTSECONDARY EDUCATIONAL INSTITUTION BOND**

(1) **BOND NO.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KNOW ALL PERSONS BY THESE PRESENTS,** That we, (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_doing business in the District of Columbia whose address is (3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereinafter referred to as **PRINCIPAL**; and (4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an authorized insurer, doing business at

(5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and incorporated in (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as **SURETY**, are held and firmly bound unto the District of Columbia government, Higher Education Licensure Commission (HELC), Obligee, and unto any person who may be aggrieved by a violation by said principal of any law or regulation in force in the District of Columbia relating to the operation of a postsecondary school in the full and just sum of (7)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_thousand dollars ($\_\_\_\_\_\_\_\_\_\_\_) lawful money of the United States of America as promulgated by D.C. Code of Municipal Regulations, Section 8006.1 (degree) and 8125.4 (non-degree), for which payment of which sum, well and truly to be made, we bind ourselves, jointly and severally, our joint and several heirs, executors, and administrators, successors and assignees, firmly by these presents.

**WHEREAS,** the above named Principal has applied for authorization to operate a postsecondary school in the District of Columbia under the provisions of Title 38, Chapter 13 of the District of Columbia Official Code and D.C. Code of Municipal Regulations Chapters 80 and 81.

**NOW, THEREFORE,** the conditions of the above obligation are such that the above licensed school shall in all respects comply with the provisions of the District of Columbia Education Licensure Commission Act of 1976, (D. C. Code 38-1301, *et. seq*. as amended) and regulations issued pursuant thereto, and subsequent amendments. The said Principal shall keep harmless and indemnify said obligee from all actions, suits, costs, damages and expenses incurred to any person by reason of any violation of the previously mentioned Act and regulations in carrying on the business for which such license is granted.

**ANY PERSON** including, but not limited to, students, aggrieved by any breach of this bond shall have, in addition to any right of action against the Principal, a right to bring suit against Surety, either alone or jointly with the Principal, and to recover any damages sustained by reason of said breach. Provided, however, that without regard to the number of claims or claimants, the number of years this bond remains in effect, or the number of premiums paid, the aggregate liability of surety shall not exceed the penal sum stated above.

**PERIOD OF THE BOND,**

Effective \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_, 20 \_\_\_\_, and shall expire on\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_, 20\_\_\_\_; provided, however, that surety shall not be released of any liability of claim arising during said period, whether or not HELC makes any demand of such claim during said period. The Surety on this bond shall be released after such Surety serves written notice thereof to the HELC, at least thirty (30) days prior to such release.

**WITNESS WHEREOF**, Principal and Surety have duly executed the foregoing obligation this \_\_\_\_\_day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

|  |  |  |
| --- | --- | --- |
| (8) **WITNESS** (only required if applicant is individual or partnership) |  | (8) **WITNESS** (only required if applicant is individual or partnership) |
| Signature Date |  | Signature Date |
| Name *(typed)* |  | Name *(typed)* |
|  |  |  |
| (9) **SURETY** |  | **PRINCIPAL** |
|  |  |  |
| Name of Surety Company *(typed)* Seal  |  | Name of Applicant *(typed)* |
|  |  |  |
| Company Address *(typed)* | d/b/a | Name of School *(typed)* |
|  |  |  |
| Phone number | By | (10) Signature Date  |
|  |  | Name, Title (i.e. President or V. President or Partner) *(typed)* |
|  |  |  |
| Signature Date | By | (11) Signature Date  |
| Name, Title (i.e. Attorney-In-Fact) *(typed)* |  | Name, Title (i.e. Secretary or Asst. Secretary or Partner) *(typed)* |

# INSTRUCTIONS TO BONDING COMPANIES

This bond must be issued by the representative (attorney-in-fact) of a corporation authorized to engage in the business of surety in the District of Columbia, is in good standing, and the penal sum of this bond must be within the limitation imposed by District law. Complete the black using the corresponding guidance provided below.

|  |  |
| --- | --- |
| (1) | Enter Bond number issued by the surety |
| (2) | Full name (middle initial) of individual. If partnership, full name (middle initial) of each partner. If a corporation, name of corporation in exact form as it appears on corporate seal. |
| (3) | Street address at which business is conducted. If business operates at more than one location, each business address must appear on this bond. A separate bond is not required for each location. |
| (4) (5) & (6) | Name of surety bond company, business address and State of Incorporation. |
| (7) | Amount of surety required is as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of Student** |  | **Annual Net Tuition Rec'd** | **Amount of Surety** |  |
| 50 or fewer | and | $100,000 or less |  $ 5,000  | Non-Degree/Degree |
| 51 to 150  | or | $100,001 to $1,000,000 |  $ 10,000  | Non-Degree/Degree |
| 151 to 200 | or | $1,000,001 to $2,000,000 |  $ 20,000\*  | Non-Degree/Degree |
| 201 to 250 | or | $2,000,001 to $3,000,000 |  $ 30,000  | Degree  |
| 251 to 300 | or | $3,000,001 to $4,000,000 |  $ 40,000  | Degree  |
| 301 to 350 | or | $4,000,001 to $5,000,000 |  $ 50,000  | Degree  |
| 351 to 400 | or | $5,000,001 to $6,000,000 |  $ 60,000  | Degree  |
| 401 to 450 | or | $6,000,001 to $7,000,000 |  $ 70,000  | Degree  |
| 451 to 500 | or | $7,000,001 to $8,000,000 |  $ 80,000  | Degree  |
| 501 to 550 | or | $8,000,001 to $9,000,000 |  $ 90,000  | Degree  |
| 551 or more | or | $9,000,001 to $10,000,000 |  $ 100,000  | Degree  |

*\*Non degree institutions surety maximum is $20,000*  |
| (8) | Two (2) witnesses sign in the event applicant is an individual or partnership. Witnesses are not required when applicant is a corporation. |
| (9)  | Name, Address and Phone number of Surety Company and its corporate seal affixed so that it is clearly visible. Signature of Attorney-in-Fact for Surety Company. Power of Attorney on behalf of agent signing required to be attached to each bond. |
| (10) | If partnership, signature, name and title of partner. If corporation, signature, name, and title of President or Vice President.  |
| (11) | If partnership, signature, name and title of 2nd partner. If corporation, signature, name, and title of Secretary or Assistant Secretary of corporation, attesting to signature of President or Vice President. |

**NOTE:** **Please initial and seal any correction or deletion.**

Mail original bond and related correspondence to: **District of Columbia Higher Education Licensure Commission, 1050 First Street, NE, Fifth Floor, Washington, DC 20002.**

|  |
| --- |
| **Instructor Qualification Form***One form must* *be completed for each faculty.* *Place completed form in the section on Faculty* |
| Employee Full Name: Click here to enter text.Position Title: Click here to enter text. | Employment Start Date:Click here to enter text.Full-time [ ]  or Part-time [ ]   |
| **EDUCATION** |
| **Institution Attended**(Name) | **Location** | **Program/Major** | **Degree and Date Received** | **Documentation Verified by Administration** |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |
| **CERTIFICATIONS OR LICENSES** |
| **Name of Occupational Licenses, Certifications or Registrations Held** | **Certifying Agency** | **State Issued** | **Expiration Date** | **Documentation Verified by Administration** |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |
| **TEACHING & WORK EXPERIENCE -** List all positions held over the past ten years, beginning with the most recent. |
| **Employer Name** | **Position Title** | **Subject Taught** | **Dates Employed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **COURSES TO BE TAUGHT -** List courses the faculty will teach at the proposed institution. |
| **Name of Course** | **Name of Course** |
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

*I solemnly swear or affirm that the factual statements and assurances made herein are true to the best of my personal knowledge, information and belief under criminal penalties for the making of a false statement pursuant to D.C. Official Code § 22-2405, which includes 180 days in jail, a $1,000 fine or both.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Applicant Printed Name Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Authorized School Official Printed Name Signature of Authorized School Official Date

**NEW PROGRAM - ACADEMIC CREDIT ANALYSIS**

*Complete this form for each* ***NEW PROGRAM*** *for which approval is requested****.*** *Place completed form in the section on Curriculum*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF PROGRAM** |  | **Proposed Start Date** |  | **CIP Code**http://nces.ed.gov/ipeds/cipcode/ |  | [ ]  **CREDIT** [ ]  **CLOCK HOURS** | **Number of Hours**:  |
| **CREDENTIAL** | [ ]  Certificate/Diploma [ ]  Associates Degree [ ]  Bachelor’s Degree [ ]  Master’s Degree [ ]  DoctorateDoes the institution currently award this level of degree/credential in other programs? ☐ YES ☐ NO |
| **EDUCATIONAL DELIVERY METHOD** | [ ]  Residential [ ]  Online [ ]  Hybrid | **UNIT OF CREDIT** | [ ]  Clock Hour [ ]  Quarter [ ]  Semester |
| **TYPES OF INSTRUCTION**(Check all that apply for entirety of program) | [ ]  Didactic [ ]  Lab [ ]  Clinical [ ]  Practicum [ ]  CorrespondenceStudent/Teacher Ratio :  Enrollment Capacity:  | **PROGRAM COSTS** |  |
| **Tuition** |  |
| **Registration fees** |  |
| **Books and Materials** |  |
| **Other** |  |
| **TOTAL** |  |
| **Name of Class/Course** (list in sequence) | **# Hours in Residence** | **# Hours Distance** | **General Education Course**(Y/N) | **Core Course**(Y/N) | **Elective Course** (Y/N) | **A** | **B** | **C** | **D** | **Total** |
| **# of Weeks** | **# of Theory****(clock) Hours****Per Week** | **# of Lab Hours** | **# of Clinical****(clock) Hours Per Week** | **Contact (clock) Hours Per Week**(add B+C+D) |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  **TOTAL HOURS** |  |  |  |  |  |

**PROGRAM MODIFICATION - ACADEMIC CREDIT ANALYSIS**

*Complete relevant sections for each program modification requested only for programs already approved and place completed form in the section on Curriculum.*

**Type of Modification Requested:** *(CHECK ALL THAT APPLY)*

[ ]  Program Name [ ] Educational Delivery Method [ ] Program Length [ ] Program Costs [ ] Adding/Removing Courses

|  |  |  |
| --- | --- | --- |
| **LOCATION OF MODIFICATION** | **ADDRESS OF MODIFICATION** | **PROPOSED START DATE** |
| [ ]  Main [ ] Branch [ ]  Instructional |  |  |
| **PROGRAM NAME CHANGE** | **DELIVERY METHOD** | **PROGRAM LENGTH & HOURS** | **PROGRAM COSTS** |
| **Approved Name** | **Proposed Name** | **Current** | **New** | **Current Hours** | **New Hours** |  | **Current** | **New** |
| e.g. Certificate of Massage Therapy | same | Residential | Online |  | [ ]  Credit |  | [ ]  Credit | **Tuition** | **$** | **$** |
| 500 | [ ]  Clock | 750 | [ ]  Clock | **Registration** | **$** | **$** |
|  |  |  |  |  | [ ]  Credit |  | [ ]  Credit | **Books & Materials** | **$** | **$** |
|  | [ ]  Clock |  | [ ]  Clock | **Other** | **$** | **$** |
|  | **UNIT OF CREDIT** | [ ]  Clock Hour [ ]  Quarter [ ]  Semester | **Total** | **$** | **$** |
|  |  |  |
| **CREDENTIAL OFFERED**  | [ ]  Certificate/Diploma [ ]  Associates Degree [ ]  Bachelor’s Degree [ ]  Master’s Degree [ ]  DoctorateDoes the institution currently award this level of degree/credential in other programs? ☐ YES ☐ NO |
| **Indicate** **A-Add****R-Remove** | **Name of Class/Course** (list in sequence) | **# Hours in Residence** | **# Hours Distance** | **General Education Course**(Y/N) | **Core Course**(Y/N) | **Elective Course** (Y/N) | **A** | **B** | **C** | **D** | **Total** |
| **# of Weeks** | **# of Theory****(clock) Hours****Per Week** | **# of Lab Hours** | **# of Clinical****(clock) Hours Per Week** | **Contact (clock) Hours Per Week**(add B+C+D) |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  **TOTAL HOURS** |  |  |  |  |  |