**Use this form to apply for program changes requiring notice only or notice and consent.**

Ensure application is complete before submitting. Incomplete applications will not be processed.

### Check all changes being made with this application:

|  |
| --- |
| ***14-day notice*** **Institutions must notify PTIB in writing at least 14 days before making these changes to an approved program:** |
| **Program change affecting program class**  If, following a program change, a Class B program meets the threshold for a Class A program, the registrar may require the institution to submit a program evaluation.  tuition or related fees  from full time to part time, or part time to full time  program deletion ($100 fee)  the maximum number of students admitted  the language of instruction  the number of hours of instruction for course(s) in the program  For changes to information about the institution, including legal or operating name or address for service use the Application - Institution and Contact Change form. |

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| ***Changes requiring notification and consent* Institutions must obtain consent before implementing any of these changes to an approved program ($250 fee):** |
| hours of instruction  method of delivery (in-class, distance, or a combination of both)  admission requirements  the location where or from which the program is provided  The program outline in relation to any of the following:  the title of the program  the learning objectives  the number of hours of instruction for each work experience component  for career-related programs, the career occupation for which the program prepares a student |

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| Other changes not made with this form: |
| **Institutions must obtain consent before changing the location where or from which any program is provided.** This applies to all locations, including locations from which the institution only offers programs not requiring approval. **Use the Application - Add or Close a Location** for these changes |

### Institution Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Operating Name** | Enter institution operating name | | **Institution ID #** | Enter ID # | |
| **Does this application address a requirement set by PTIB following an audit, inspection or designation review?** | | **Select response** | **If Yes, enter date of PTIB’s letter** | | Select letter date |

### Program Information

|  |  |
| --- | --- |
| **Program title** | Enter current approved program title; must match title in PTIB Directory. |

Does the program require approval by another regulator, and/or lead to employment in an occupation regulated by a regulator?  **Yes**  **No** *If yes*, *you must include documentary evidence of approval of changes in this application by that regulatory authority/ governing body.*

### Changes requiring Notice only

**Enter information only for items that are changing. Leave all others blank.**Expand or collapse each section below by hovering over section headings, then clicking the small triangle that appears to the left of the heading.

### Delete program

Once a program has been deleted, an institution must submit a new program application and fee, and obtain approval to offer it again.

|  |  |
| --- | --- |
| Planned effective date of program deletion | Select date |
| Are there students currently enrolled in the program? | Yes  No |
| If yes, when is the final student due to complete? | Select date |

### Schedule (full-time and/or part-time)

|  |  |  |  |
| --- | --- | --- | --- |
| ***Full time means*:** Instructional time of **20 or more hours per week**, *or* if program leads to a career occupation regulated by Transport Canada, instructional time of 15 or more hours per week.  ***Part time means*:** Instructional time of **less than 20 hours per week**, *or* if program leads to a career occupation regulated by Transport Canada, instructional time of less than 15 hours per week. | | | |
| **Total program duration in hours** *if total hours are changing, enter new hours both here and in the Hours of Instruction section below.* | | | Enter hours. |
| **Select schedule options** | | | Select schedule. |
| **Full time duration in weeks** | Enter duration. | **Part time duration in weeks** | Enter duration. |

### Maximum number of students admitted to a single offering of the program

For each delivery method to be used list the maximum number of students admitted to a single offering of the program. The total number of students enrolled at one time must not exceed the institution’s capacity to deliver the program effectively to all students whether they attend in-person or remotely.

|  |  |  |
| --- | --- | --- |
|  | **Original maximum** | **New maximum** |
| **Program Maximum Enrolment – Fully In-Class delivery** | Original maximum or N/A | New maximum |
| **Program Maximum Enrolment – Fully Distance delivery** | Original maximum or N/A | New maximum |
| **Program Maximum Enrolment – Combned delivery** | Original maximum or N/A | New maximum |

### Fees

|  |  |  |
| --- | --- | --- |
| ***Enter updated or new fees below. If a fee is not changing, leave that field blank.*** | | |
| **Fees apply to all locations at which the program is offered. Otherwise, uncheck this box and provide fee information for each location.** | | |
|  | **Domestic Students** | **International Students** |
| **Tuition** | Enter fee | Enter fee |
| **Application Fee** | Enter fee | Enter fee |
| **Administrative Fee** | Enter fee | Enter fee |
| **Administrative Fee – description & breakdown** | Provide description. | Provide description. |
| **Textbooks Fee** | Enter fee | Enter fee |
| **Materials Fee** | Enter fee | Enter fee |
| **Other Fee** | Enter fee | Enter fee |
| **Other Fee – description & breakdown** | Provide description | Provide description |
| **Testing/Assessment Fee** | Enter fee | Enter fee |
| **Testing/Assessment Fee – description & breakdown** | Provide description | Provide description |

### Language of Instruction

|  |  |  |
| --- | --- | --- |
| For new languages, check box to confirm course materials are available in the language in which the program is provided, or in a language appropriate to the program. | |  |
| Add language(s) of Instruction | Enter languages | |
| Remove language(s) of Instruction | Enter languages | |

### Change in course duration

**Enter new duration in hours for each course that is changing or being added, listing courses in order of delivery**. If course titles are changing, **indicate both OLD and NEW title in the same field**. If courses are being removed, use second table below. Do not enter courses that are neither new nor changing.

| **Order of delivery** | **Course Title** | **Hours of Instruction** | **Intake Point** |
| --- | --- | --- | --- |
| Note: A course is an intake point if a student may begin their program with that course. | | | |
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**Use the table below to list any courses being removed**. Enter course title and hours. Add rows if needed.

| **Course Title** | | **Hours of Instruction** |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

* Do these changes to courses affect the learning objectives of the program and/or the career occupations for which the program prepares students?  Yes  No   
  *If Yes, complete applicable sections below: changes to learning objectives of the program and/or the career occupations for which the program prepares students require consent of the registrar.*
* I confirm that none of these changes to courses require the consent of any other regulatory body or, if required, consent has been obtained (PTIB may request a copy).

### Change required by another regulator that may adversely affect students

**Institutions must notify PTIB as soon as practicable** of any change required by a third party regulator in relation to an approved program that leads to a regulated occupation, that may reasonably be expected to have an adverse effect on students.

|  |
| --- |
| Enter name of regulator |
| Describe changes required by this regulator. |

### Changes requiring Notice and Consent

**Enter information only for items that are changing. Leave all others blank.**

### Title of program

The program title must be consistent with the learning objectives of the program.

|  |
| --- |
| Enter new program title. |

Hours of instruction

Enter both original program hours and new total hours, including any work experiences.

|  |  |  |
| --- | --- | --- |
|  | **Original hours** | **New hours** |
| **Total program hours** | Enter hours. | Enter hours. |

### Method of delivery

**For each delivery method added, also complete *Maximum number of students admitted* section, above**.

|  |  |  |
| --- | --- | --- |
| **Currently approved delivery options for this program:** | | |
| In-Class (In-Person)  Distance  Combined (In-Class and Distance). | | |
| **Delivery options to be used for this program – *choose all that will apply*:** | | |
| **In-Class** (In-person)  *100% hours of instruction delivered in a classroom or other setting, where instructors share the same physical space as students.* | **Distance**  *100% hours of instruction, excluding work experience hours, if applicable, delivered remotely from a BC location.*  Synchronous  Asynchronous  Synchronous and Asynchronous | **Combined**  (In-Class and Distance)  *Instruction provided through a combination of in-class and distance delivery. Program may include a work experience component (in-person).* |
| For programs delivered wholly or in part by **distance education**, provide the following information: | | |
| 1. Identify / describe the platform(s) to be used. | | |
| Enter description. | | |
| 1. Explain how students will be notified of technical requirements for distance education. | | |
| Enter explanation. | | |
| 1. Describe how orientation to the online environment and IT support in using it will be provided to students and faculty. | | |
| Enter description. | | |
| 1. Describe how students’ online access to the learning platform(s) is kept secure, and student identity is verified when they attend/participate online. | | |
| Enter description. | | |
| 1. Describe how the institution evaluates students by distance, including any evaluations on practical components of the curriculum, , to ensure they are achieving the learning objectives of the program. | | |
| Enter description. | | |
| 1. Describe how academic integrity is ensured during evaluations done remotely. Address the following:  * How written tests and other evaluations are administered and kept secure, before during and after their administration to students; * How student identity is confirmed for written assessments administered asynchronously; * How online synchronous evaluations are conducted and proctored, including confirmation of student identity. | | |
| Enter description. | | |
| 1. Describe how attendance will be tracked. | | |
| Enter description. | | |
| **If the program includes work experience:** | | |
| 1. If applicable, a description of how the institution will obtain and manage work experience outside of its normal geographic area; | | |
| Enter description. | | |
| 1. If applicable, how the institution ensures the work experience host, if outside of normal geographic area, will be able to provide work experience relevant to the program’s learning objectives; | | |
| Enter description. | | |
| 1. If the program is in a regulated area, steps that the institution has taken and what restrictions/requirements there are with regard to where students are and where they do their work experience, who supervises/signs off on requirements, etc. | | |
| Enter description. | | |
| If the program is in a regulated area, explicit approval from their regulator for a distance program including as applicable specifics about whether there are any restrictions or requirements with regard to the work experience portion. | | |
| Enter description for programs delivered wholly or in part through distance education. | | |

### Location where or from which program is delivered

Use this section to change the association of an existing approved program with existing approved locations, e.g. to add an approved program to an approved location at which it was not previously offered. (To apply for approval of a new location, use the **Application -** **Add or Close a Location**.)

|  |  |
| --- | --- |
| **Add** program to location(s): | List locations, one per line. |
| **Remove** program from location(s): | List locations, one per line. |

### Career occupation for which the program prepares a student

|  |  |
| --- | --- |
| **Original** occupation(s): | List occupations, separated by commas. |
| **New** occupation(s): | List occupations, separated by commas. |

### Admission requirements

Please provide a brief description of the changes. **PTIB will review the full wording of the new admission requirements from the attached program outline.** An [Admissions Requirements Guide](http://www.privatetraininginstitutions.gov.bc.ca/form-library) is available on the PTIB website.

|  |
| --- |
| Enter description. |

### Learning objectives

Please provide a brief description of the changes. **PTIB will review the full wording of the new learning objectives from the attached program outline.** A [Learning Objectives Guide](http://www.privatetraininginstitutions.gov.bc.ca/form-library) is available on the PTIB website.

|  |
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| Enter description. |

### Change or add a work experience

Any application to add or change a work experience (WE) must be accompanied by a compliant Work Experience Policy, and a description of the activities to be undertaken by students during the work experience. A sample WE policy and WE agreement (which includes activities), are available at <https://www.privatetraininginstitutions.gov.bc.ca/form-library>

|  |  |  |
| --- | --- | --- |
|  | **Original hours** | **New hours** |
| **Clinical Placement Hours** | Enter hours. | Enter hours. |
| **Preceptorship Hours** | Enter hours. | Enter hours. |
| **Cooperative Placement Hours** | Enter hours. | Enter hours. |
| **Practicum Hours** | Enter hours. | Enter hours. |

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| PaperclipPaperclipIf adding a new work experience, provide work experience host organizations as a separate attachment.Provide a description (list) of the activities that the student will undertake during each work experience component. (The Work Experience Agreement includes this information – a sample/template is available at <https://www.privatetraininginstitutions.gov.bc.ca/form-library> ) |

|  |
| --- |
| Paperclip with solid fillAttachments: include all that apply to this program Program outline Please use the template available on the [PTIB website](http://www.privatetraininginstitutions.gov.bc.ca/form-library). Course outlines Please use the template available on the [PTIB website](http://www.privatetraininginstitutions.gov.bc.ca/form-library). Regulatory or governing body approval of proposed change(s) Work experience policy Work experience activities description Work experience host organizations list |

### Declaration

**Please complete the Declarations section and submit it with your application. Electronic signatures will be accepted if this form is submitted by email by the institution’s primary or alternate contact.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I confirm I have the legal authority to act on behalf of the institution.  I confirm all the information contained in this application and any attachment is true, accurate and complete.  Personal information may be collected by the Ministry of Post-Secondary Education and Future Skills under section 61 of the *Private Training Act* and section 26 (a) and (c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Personal information will be collected, used and disclosed as necessary to assess the submission. If you have any questions about the collection disclosure and use of this personal information, you may contact Director, Policy and Institution Certification, Private Training Institutions Branch, Ministry of Post-Secondary Education and Future Skills, 203-1155 W. Pender St. Vancouver V6E 2P4, 1-800-661-7441. | | | | |
| I am authorized to submit personal information about others that is necessary to complete this form. | | | | |
| Authorized By | | Enter name | Authorized title: | Enter title |
| Close | Signature. Must be signed | | Print name | Date signed  Select date |

|  |
| --- |
| **Send completed applications and required attachments to** [**pti@gov.bc.ca**](mailto:pti@gov.bc.ca)**. Include institution’s PTIB ID # in subject line of email.** |