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

**Ensure the application is complete before submitting. Incomplete applications will not be processed.**If the program changes outlined in the application form are not compliant with requirements defined in the Private Training Act (PTA) and Private Training Regulation (PTR), the application may be denied by the registrar.

### 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 programFor changes to information about the institution, including legal or operating name or address for service use the [Application - Institution and Contact Change](https://www.privatetraininginstitutions.gov.bc.ca/form-library) form. |

|  |
| --- |
| ***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 providedThe 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 |

|  |
| --- |
| 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](https://www.privatetraininginstitutions.gov.bc.ca/form-library)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 lead to employment in a regulated occupation? | Choose an item. |
| **If yes,** list the Regulatory Body | Enter Regulatory Body. |
| **If yes**, include documentary evidence of approval of changes in this application by that regulatory authority/governing body, *or* their confirmation that approval is not required. |

### 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? | Choose an item. |
| 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. Combined delivery requires both online and in-class resources and the maximum must be within the institution’s capacity for **both**.

|  |  |  |
| --- | --- | --- |
|  | **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 – **Combined 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.**

|  |  |  |
| --- | --- | --- |
|  | **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.  |
| **Testing/Assessment Fee** | Enter fee.  | Enter fee.  |
| Testing/Assessment Fee – description & breakdown | Provide description.  | Provide description.  |
| **Other Fee**  | Enter fee.  | Enter fee.  |
| Other 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 the CURRENT and NEW title**. If courses are being removed, use second table below.

**Note:** A course is an intake point if a student may begin their program with that course.

| **Order of delivery** | **Course Title** | **Hours of Instruction** | **Intake Point** |
| --- | --- | --- | --- |
|  | *Current title* | *New title* |  |  |
| 1.
 | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]
|  | Enter current course title. | Enter new course title. | Enter hours. |[ ]

**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. | Enter course title (course to be removed). | Enter hours. |
| 2. | Enter course title (course to be removed). | Enter hours. |
| 3. | Enter course title (course to be removed). | Enter hours. |
| 4. | Enter course title (course to be removed). | Enter hours. |
| 5. | Enter course title (course to be removed). | Enter hours. |

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.*
 **By checking this** [ ] **, 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. Institutions that use program title terminology which suggests an advanced level of study/qualification must clearly demonstrate how the program’s content and outcomes provide this. Refer to The [Private Training Act (PTA) Policy Manual](https://www.privatetraininginstitutions.gov.bc.ca/sites/www.privatetraininginstitutions.gov.bc.ca/files/files/policy-manual.pdf) for more information.

|  |  |
| --- | --- |
| **Program Title** | 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 Duration in Hours** (including instruction and work experience, if any) | Enter original hours. | Enter new hours. |

### Method of delivery

|  |
| --- |
| Laptop outlineTo be compliant with Private Training Regulation 18(2)(c)(iii) “method of delivery must enable students to meet learning objectives of the program”. Please refer to [**Section 3.2.7 of the PTA Policy Manual**](http://www.privatetraininginstitutions.gov.bc.ca/institutions/policy-manual) **for more information about program delivery standards**, including specific standards for programs that include distance education and/or combined delivery. |

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

|  |
| --- |
| **Select the currently approved delivery method options for this program:**  |
| [ ]  **In-Class** (In-person) | [ ]  **Distance** | [ ]  **Combined** (In-class and Distance) |
| **Select all delivery options to be used for this program:** |
| [ ]  **In-Class**  | 100% of the hours of instruction, excluding work experience hours, if applicable, are delivered in a classroom or other setting in BC, where instructors share the same physical space as students.  |
| [ ]  **Distance**  | 100% of the hours of instruction, excluding work experience hours, if applicable, are delivered remotely (online) from a BC location. Select the one option that best describes the program’s mode(s) of online instruction |
| [ ]  **Synchronous only**  | [ ]  **Asynchronous only**  | [ ]  **Synchronous and asynchronous** |
| [ ]  **Combined** | 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).Select the one option that best describes the program’s mode(s) of online instruction.  |
| [ ]  **Synchronous only**  | [ ]  **Asynchronous only**  | [ ]  **Synchronous and asynchronous** |
| What percentage of the **combined program’s total duration** will be provided by distance (online) delivery?  |  Enter %  |
| ***Calculate percentage*** *using total hours of distance delivery divided by total program duration (excluding all work experience) x 100.* **If the percentage may vary** depending on a student’s choice for each course, enter the **minimum** and **maximum** possible distance delivery a student may choose while taking a combined delivery program. |
| What is the **minimum percentage** of the combined program’s total duration that will be provided by distance (online) delivery?  | Enter % |
| What is the **maximum percentage** of the combined program’s total duration that will be provided by distance (online) delivery?  | Enter % |
| For programs delivered wholly or in part by **distance education**, provide the following information:  |
| 1. Identify / describe the platform(s) and/or Learning Management System (LMS) 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. |
| 1. Describe how and when students will have scheduled access to qualified instructors.
 |
| Enter description. |
| 1. Describe the system you will use to enable your institution to confirm a student’s progress at any time.
 |
| Enter description. |
| **If the program includes work experience:** |
| 1. If applicable, a description of how the institution will obtain, manage and monitor work experience outside of its normal geographic area **and/or** to be done remotely by the student.
 |
| 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. |
| 1. 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. |
| *Document outline***Course-by-course delivery information is entered in the program outline.** You may be requested to provide a copy of the program outline with course information specific to distance and/or combined delivery. |

### 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](https://www.privatetraininginstitutions.gov.bc.ca/form-library).)

|  |  |
| --- | --- |
| **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

To be compliant with Private Training Regulation 18(2)(a)(ii) “admission requirements make it likely students will meet the learning objectives of the program.

**Please provide a brief description of the changes.** PTIB will review the full wording of the new admission requirements from the attached program outline. More information is available in [PTIB’s Policy Manual and Admission Requirements Guide](https://www.privatetraininginstitutions.gov.bc.ca/form-library).

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

### Learning objectives

**Provide a brief description of the changes.** PTIB will review the full wording of 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.

|  |
| --- |
| 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. |

|  |
| --- |
| PaperclipPaperclipIf adding a new work experience component, provide a list of 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 outlineAttachments: 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 the Director, Policy and Institution Certification, Private Training Institutions Branch, Ministry of Post-Secondary Education and Future Skills, 310-601 Cordova St W, Vancouver, BC V6B 1G1, 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 |
| CloseSignature | Signature. Must be signed  | Print Name | Print name |
| Date signed | Click or tap to enter a date |

**

**Send completed applications and required attachments to** **PTI@gov.bc.ca****.
Include institution’s PTIB ID # in the subject line of the email.**