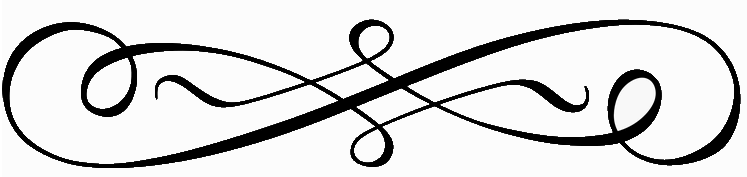
Please complete and submit this **questionnaire** to the Maryland Higher Education Commission in order to determine whether Commission approval is required for your proposed training to be offered in Maryland.

Complete this questionnaire for ***each*** unique training program you plan to offer.

Complete this questionnaire fully and provide relevant supporting documents.

Upon review, you will receive written notification of the Commission’s determination within 2 - 4 weeks.



**I. BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Person**: | | | |
| Mr. Mrs.  Ms.  Rev.  Dr. |  |  |  |
| *Last Name* | *First Name* | *MI* |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Only*** *complete this section if you want correspondence to be mailed to an address* ***other than*** *the business address below*. | | | |
| **Street Address:** |  | | |
| **City:** | | **State:** | **Zip Code:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Business Name**  [*Business, Organization, or School*]**:** | | |  | | |
| **Street Address:** | |  | | | |
| **City:** | | | | **State:** | **Zip Code:** |
| **Telephone:** |  | | | **Fax:** | |
| **Email:** |  | | | | |
| **Website** |  | | | | |

**Is the intent to use this regulatory determination as part of a WIOA ETPL Application?**

Yes  No

**II. TRAINING DESCRIPTION**

A. List the **program name** and provide a **brief** description of the topics/subjects covered in the training:

**program name** **description**

B.Is there a **cost** for training (tuition, fees, books, supplies, etc.)?  Yes  No

C. Level of Award—what do graduates earn upon completion? *Check all that apply*.

Certificate/diploma

industry certification

licensure (state or national)

other (Identify:       )

D. List the **occupations** for which graduates of your training will qualify (e.g., Nursing Assistant, Computer Technician, etc.). Each occupational title should be 5 words or less.

E. Does the business offer job placement assistance?  Yes  No

**III. TRAINING PURPOSE**

*Check all boxes that are applicable to your training. The purpose of your training is to:*

A. Prepare individuals to obtain gainful employment.

B. Prepare individuals to obtain industry certification(s).

*Please identify below the industry certifications and exams for which your training will prepare graduates.*

**certification** **exam**

C. Prepare individuals to obtain licensure.

*Please identify below the licenses and licensing exams for which your training will prepare graduates.*

**license** **exam**

D. Enhance an individual’s existing skills and knowledge / Serve as continuing education.

*Please identify below the enrichment skills and knowledge that your training will provide.*

E. Other. *Please describe in detail.*

**IV. TRAINING DELIVERY**

A. **What is/are the schedule(s)?**

day  evening

weeks to complete:

days/times:

total clock hours:

day  evening

weeks to complete:

days/times:

total clock hours:

B. **Check all boxes below that are applicable. Your training is delivered via:**

A. classroom instruction only

B. online instruction only

C. a combination of classroom and online instruction

D. another training delivery method(s). *Please describe in detail*.

**V. STUDENT POPULATION**

*Please check all boxes below that are applicable. Your training is:*

A. Open to and offered to the **general public**.

B. Delivered to **one** student at a time on an individual basis.

C. Delivered to **groups of students** at one time.

D. Delivered to Marylanders entirely through **distance education** by an out-of-state entity that

operates all business operations outside of Maryland.

E. Offered to **current professionals** in a specific occupation and is comprised of refresher or

continuing education instruction.

F. Offered exclusively for your **own employees**.

G. Offered only to those enrolled in a **registered apprenticeship** through the Department of Labor,

Licensing, and Registration (“DLLR”).

H. Delivered to those whose *sole* purpose is to learn the particular **religious faiths or beliefs** of a church or religious organization.

I. Other. *Please describe in detail.*

**VI. ADDITIONAL ENCLOSURES**

*Please enclose the following items,* ***if any exist****.*

* Copies of advertisements or promotional materials used to market your training or to recruit students
* Copies of bulletins, school catalogs, student handbooks, enrollment agreements, or other materials provided to prospective and enrolled students

**VII.** **AFFIDAVIT**

**AFFIDAVIT: This is to affirm that the information provided above and in the enclosed documents is true and correct.**

        \_\_\_\_\_\_\_\_\_\_\_\_

*Printed/ Typed Name of Chief Executive Officer Date*

        \_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Chief Executive Officer Date*

RETAIN A COPY FOR YOUR RECORDS, AND THEN MAIL ALL MATERIALS TO:

**Associate Director for Private Career Schools**

**Maryland Higher Education Commission**

**10th Floor**

**6 N. Liberty Street**

**Baltimore, Maryland 21201**

Questions: 410-767-3403

Facsimile: 410-332-0270