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:

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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</tbody>
</table>

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  ☐ LICENSURE (STATE OR NATIONAL)

☐ INDUSTRY CERTIFICATION  ☐ 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.*

<table>
<thead>
<tr>
<th>CERTIFICATION</th>
<th>EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ C. Prepare individuals to obtain licensure.

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

<table>
<thead>
<tr>
<th>LICENSE</th>
<th>EXAM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ 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.*

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>
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