



**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  
10<sup>th</sup> Floor  
6 N. Liberty Street  
Baltimore, Maryland 21201**

Questions: 410-767-3403  
Facsimile: 410-332-0270