

PROGRAM/COURSE LIST

NAME OF SCHOOL: _____ **LOCATION:** _____

Please complete a separate form for Main Campus and each Branch Campus

Provide below the information requested for each and every **program/course** for which approval is required.

<u>Name of Program or Course</u>	<u>Time of Training*</u>	<u>Length** of Training</u>	<u>Delivery of Instruction***</u>	<u>Tuition Only</u>
Sample: Medical Assistant	D, E, W	200 Clock Hours	Residential	\$2,000.

1) Please indicate any program affiliation or articulation agreement the school may have with any post-secondary institution. If applicable, please attach supporting documentation.

2) Does any program you have listed above require the student to take an exam/license/certification from the Connecticut Department of Public Health in order to be employed in the profession? If so, please provide all supporting documentation.

* Time of Training – Day(D), Evening(E), Weekend(W), Lessons(L)

** Length designated in - clock hours, credit hours, quarter credit hours, lessons

*** Delivery of Instruction – residential, on-line, home-study/correspondence. You must list each type of delivery separately.