



STATE OF TENNESSEE
HIGHER EDUCATION COMMISSION
312 ROSA L. PARKS AVE., 9TH FLOOR
NASHVILLE, TENNESSEE 37243-1102
(615) 741-5293

APPLICATION FOR A NEW PROGRAM

A typed, completed application must be submitted for **each new program**. Please be advised that all concentrations and / or specializations are considered separate programs. Additionally, programs offered in a residential format and in a distance learning format are considered separate programs. This application does not apply to institutions with Optional Expedited Authorization status. Division of Postsecondary Authorization (DPSA) Staff assistance with completing this form is available at (615) 741-5293.

INSTITUTIONAL DATA			
<input type="checkbox"/> New Institution		<input type="checkbox"/> Previously Authorized Institution	
Institution Name:			
DPSA Institution Code (Applicable if Previously Authorized):			
Physical Location Address			
Address:			
City:	State:	ZIP:	County:
Institution Contact Data			
Telephone No.:		Fax No.:	
Name of the Institutional Director:			
Telephone No.:		Cell No.:	
Email Address:			
CONTACT PERSON FOR THIS APPLICATION			
Name:			
Address:			
City:	State:	ZIP:	
Telephone No.:		Email:	
NEW PROGRAM INFORMATION			
Please select one: <input type="checkbox"/> New Program <input type="checkbox"/> Revised Program			
Program Code (Applicable only to Revised Programs):			
Name of Program (Do not include the credential in the name of the program):			
Classification of Institutional Program (CIP) Code (See Attachment 9(b) for more information):			
Credential Awarded (Do not abbreviate):			
Proposed Program Start Date:		Anticipated Initial Enrollment:	
FEDERAL STUDENT FINANCIAL AID INFORMATION (TITLE IV ELIGIBILITY)			
Does the institution participate in federal student financial aid programs (Title IV)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, will students in this program be eligible for federal student financial aid (Title IV) funds?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Program Costs			
Total Tuition Charged for the Program:			
Other Program Costs (fees, books, equipment, etc.):		+	
Total Cost for Tuition and Other Program Costs:			
Delivery Mode			
Please select one: <input type="checkbox"/> Residential <input type="checkbox"/> Distance Learning <input type="checkbox"/> Blended			
Student Teacher Ratio (Please only complete those that apply to this program.)			
Lecture: : 1		Allied Health and Nursing Labs: : 1	
Class A Truck Cab: : 1		Class B Truck Cab: :1	
Program Length For programs less than seven (7) days in length, indicate in days. For programs less than four (4) weeks in length, indicate in weeks. For programs one (1) month or more in length, indicate in months. (If the program length exceeds standard times or program periods established by these rules, attach an explanation justifying the expansion of training in terms of exceptional student benefits. See Rule 1540-01-02-.03 for more information.)			
This program will be offered: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Both			
Full-Time Length:	Days:	Weeks:	Months:
Part-Time Length:	Days:	Weeks:	Months:
Please select the type of hour used for this program (If other is selected, please explain on a separate sheet of paper):			
<input type="checkbox"/> Contact (Clock) Hour <input type="checkbox"/> Semester Credit Hour <input type="checkbox"/> Quarter Credit Hour <input type="checkbox"/> Other			
Use contact hours or credit hours as applicable in the table below. Please note, credit-granting institutions should indicate credit hours, and only indicate contact hours if required for licensure.			
Total Classroom Lecture			
Total Laboratory (if applicable)		+	
Total Clinical (if applicable)		+	
Total Internship/Externship/Shop (if applicable)		+	
Total Road Work (if applicable)		+	
Total Number of Contact/Credit Hours			
Accreditation The only accrediting agencies recognized by the Tennessee Higher Education Commission (THEC) are those approved by the U.S. Department of Education (USDOE). Do not submit an agency not approved by the USDOE.			
Programmatic Accreditation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the name of all programmatic accrediting agencies for this program.			
Name:		Date Received (mm/dd/yyyy):	
Name:		Date Received (mm/dd/yyyy):	
Name:		Date Received (mm/dd/yyyy):	

ATTACHMENT CHECKLIST

The items in the checklist must be provided in order for the application to be complete. Refer to [Tenn. Code Ann. § 49-7-2001, et seq.](#) and [Rule Chapter 1540-01-02](#) for additional information.

Please provide each item below as indicated. If an attachment is not applicable to the program, write the number of the attachment and "N/A" next to it, along with an explanation as to why the attachment is not applicable. When completing the attachments, do not answer a question with reference to other documents.

If an application is not typed or is incomplete, the application will be deferred to the next deadline per Rule [1540-01-02-.07\(1\)\(c\)](#). Further, an application missing any applicable fees will not be reviewed until all fees are received and may be deferred per Rule [1540-01-02-.07\(1\)\(b\)](#).

APPLICATION DEADLINES AND MEETING DATES

Application deadlines and meeting dates for the Committee on Postsecondary Education Institutions and the Tennessee Higher Education Commission may be found at: <https://www.tn.gov/thec/news-and-events/public-meeting-notice/committee-of-postsecondary-educational-institutions.html>.

FEE AND DOCUMENTATION TO BE ENCLOSED WITH THIS APPLICATION	
<input type="checkbox"/>	1. <u>NEW PROGRAM FEE OF \$500</u> – Payment and filing instructions are explained at the end of this application. Please note that payment must be received in order for the application to be reviewed. Submit a copy of the paid invoice with your application.
<input type="checkbox"/>	2. <u>AUTHORITY FOR UNACCREDITED INSTITUTIONS TO GRANT DEGREES FEE OF \$1,000</u> – This is a one-time fee that an unaccredited institution pays the first time that the institution applies to offer a degree. If required, this fee must be paid at the time payment is made for the New Program as explained at the end of this application.
<input type="checkbox"/>	3. <u>CREDENTIAL LEVEL ELEVATION FOR AUTHORIZED INSTITUTIONS FEE OF \$2,000</u> – This is a one-time fee that an authorized institution pays each time the institution applies for the first time to offer a degree higher than the degree that it is currently authorized to offer. If required, this must be paid at the time payment is made for the New Program as explained at the end of this application..
<input type="checkbox"/>	4. <u>TERM USED FOR PROGRAM</u> – If the institution indicated that the term used for this program is "other" under Program Length in this application, provide an explanation on a separate sheet of paper. Additionally, if the program length exceeds standard times or program periods established by these rules, attach an explanation justifying the expansion of training in terms of exceptional student benefits.
<input type="checkbox"/>	5. <u>APPROPRIATE AGENCY, BOARD, OR COMMISSION APPROVAL</u> – If the proposed program is associated with any of the State of Tennessee Health Related Boards (e.g. Massage Therapy, X-Ray, Dental, Nursing) or the Department of Commerce & Insurance, (e.g. Real Estate Commission, Board of Architectural and Engineering Examiners) or the Department of Education, (e.g. Teacher Licensure), please contact the appropriate agency, board, or commission for approval, curriculum, and/or licensure requirements before you complete and submit the application to this office. <ol style="list-style-type: none"> a. Please provide verification of compliance, in writing, from the appropriate entity or explain why approval is not required. b. Please provide any admissions requirements mandated by the appropriate agency, board, or commission. c. Please provide any instructor qualifications required by the appropriate agency, board, or commission.
<input type="checkbox"/>	6. <u>LICENSURE INFORMATION</u> – If licensure (or similar designation) is required for graduates to be employed in-field, provide the name of the designation, the name of any associated exam, and the name of the private entity or state agency that offers the exam.

<input type="checkbox"/>	7. PROGRAMMATIC ACCREDITATION – If programmatic accreditation is required by other state agencies or for students to obtain employment or licensure, indicate if the institution currently has the programmatic accreditation. If the institution does not have the needed programmatic accreditation, provide the name of the accrediting body, the process needed, and a detailed explanation of the institution’s efforts to obtain such accreditation, including a timeline.
<input type="checkbox"/>	8. OVERVIEW OF THE PROGRAM – In one or two paragraphs, give a broad overview of the program. The description should include a full summary including a generalized statement about what the program is and the type of training/education offered (e.g., computer training with an emphasis in networking); what new skills/knowledge a student will receive; what the training/education is designed to accomplish, and what a completer can expect to do with the training. a. Include a syllabus for each course. Each syllabus must contain a description of the course; specific learning objectives; how this course is appropriate for the goal of the whole program; a description of the content of the course that demonstrates that the contact hours or credit hours are appropriate; and books and instructional materials to be used. Catalog course descriptions are not accepted as syllabi. b. For short, singular programs (e.g., truck driving), in lieu of individual course syllabi, outline and describe each component of the training.
<input type="checkbox"/>	9. JOB TITLES AND EMPLOYMENT INFORMATION – Provide a copy of the following: a. Possible job titles, along with documented approximate entry-level salary and/or wage information for completers of this program using www.jobs4tn.gov . The information pertaining to the possible job titles must indicate Tennessee information. Please provide a copy of the webpage and the URL link showing the possible job title and the entry-level salary; b. The Classification of Institutional Programs (CIP) code applicable to each possible job title using https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56 .
<input type="checkbox"/>	10. ADMISSIONS CRITERIA – Describe the admission criteria for the program. If the institution will use an ability-to-benefit (ATB) test and the test has not been previously approved by DPSA, please submit a sample of the test that you are requesting to use, the answer key, and provide the minimum score required to pass. Also provide a copy of the source material, e.g. catalog, student handbook, that outlines the ATB test and how the test shall be administered, including the time period and the frequency that students may take the test. See Rule 1540-01-02-.12(3) for more information regarding ATB standards.
<input type="checkbox"/>	11. INSTRUCTOR QUALIFICATIONS – Indicate the required minimum credentials needed for the instructors of the new program (see Rule 1540-01-02-.16 regarding Personnel and Instructor Qualifications.) For non-accredited institutions, please remember to submit School Personnel Applications for all instructors that have not been previously reviewed by DPSA.
<input type="checkbox"/>	12. LIBRARY HOLDINGS – Indicate program specific library holdings and resources in-house and available to students in this program. In the case of distance learning or third-party library agreements, explain in detail the arrangements to provide library resources.
<input type="checkbox"/>	13. EQUIPMENT – Provide a list of each piece of training equipment to be utilized, indicating if the equipment is owned or leased. If the equipment is leased, please provide lease documentation. a. DPSA staff may perform site visits for institutions located in Tennessee. Institutions located outside of Tennessee must provide pictures of the equipment to verify the equipment is on-site or purchase orders for equipment not in the institution’s possession. If the institution fails to attach pictures or purchase orders, the application may be deferred until the next Committee meeting. b. If the program is for trucking or heavy equipment, please indicate the number of tractors, trailers, or heavy equipment and the make and model of each piece of equipment.
<input type="checkbox"/>	14. MISSION OF INSTITUTION – State the mission of the institution. Describe how this program is consistent with the mission of the institution and how the school is structured (administration, staff and resources) to ensure a quality education for enrollees.
<input type="checkbox"/>	15. NEED FOR PROGRAM – Describe in detail how the need for the program was established. Information should be specific to the need for the program in Tennessee. Include a compilation of any current local studies and/or demographic surveys, and a listing of similar programs offered by institutions in the proposed service area. The preferred source for this information is https://www.jobs4tn.gov/vosnet/Default.aspx .

<input type="checkbox"/>	<p>16. CLINICAL AND EXTERNSHIP SITES – Please list all clinical and externships sites with the company name, contact name, full address, and phone number. Also provide copies of affiliation agreements for all clinical and externships sites. If a clinical or externship is required, explain whether the institution secures the clinical or externship site for the student or whether the student is required to independently secure the clinical or externship site. If the student is required to secure the site, please provide a copy of the policy disclosing this policy to students and state the location where the policy can be found.</p>
<input type="checkbox"/>	<p>17. DISTANCE LEARNING AND BLENDED PROGRAMS – If the program’s format is distance learning or blended (residential and distance learning), please provide the following information (reference Rule 1540-01-02-.07(5)(b)(16)).</p> <ol style="list-style-type: none"> a. How is the proposed distance learning course or program of study appropriate for delivery through distance learning methods? b. Explain and describe the method(s) of delivery (e.g., correspondence, asynchronous electronic media, synchronous electronic media) to be utilized. c. How will the institution communicate to the student: grades, progress, answering general questions, etc.? d. Describe the testing method. How do you verify that the enrolled student is the individual who is actually taking the exam? If testing is given off-site, please provide the company name, address and phone number of the tester and testing site. e. If applicable, please provide the documentation of the purchase of the educational materials or the written consent of the instructor and/or the institution that produced the educational material. f. Please submit a redundancy/data protection plan for the institution’s files and servers. g. Do the admissions standards differ for students enrolling in this distance learning program in comparison to the other program offerings? If so, how? If an (on-line) admissions test is required, how does the institution verify the student’s identity? h. Please provide the website address and a mock password where students will login for class so that the DPSA staff may navigate through the online system used for instruction. i. Explain how graduates of the program will exhibit skills and knowledge equivalent to similar residential programs.

AFFIRMATION OF INSTITUTIONAL DIRECTOR

I affirm the following are true:

- I have completed or reviewed this application in its entirety.
- The information contained in the attached documents is accurate.

Signature: _____

Name: _____

Title: _____

Date: _____

To pay fees by credit card or debit card create an invoice at the [Create Invoice and Payment Receipt](#) link and complete the payment process. Submit a copy of the paid invoice with your application. If you are unable to pay using a credit card or debit card, please send an email to julie.woodruff@tn.gov and include in the subject line the full name of your institution and, if applicable, the institution code.

This Application for a New Program and supporting documentation must be submitted to the Division of Postsecondary State Authorization (DPSA) as explained at <https://www.tn.gov/thec/bureaus/student-aid-and-compliance/postsecondary-state-authorization/dpsa-links-and-forms.html>.

KEEP A COMPLETE COPY OF THE APPLICATION PACKAGE FOR THE FILES.