



Program Eligibility Declaration

For BC Private Post-Secondary Schools

IDENTIFICATION SECTION (COMPLETE ALL THREE ITEMS OR YOUR FORM CANNOT BE PROCESSED)

(01) SCHOOL: a) SABC CODE: _____ b) SCHOOL NAME: _____

(02) PROGRAM: a) SABC CODE: _____ b) PROGRAM NAME: _____
(enter the PROGRAM NAME approved by regulating authority)

(03) YEAR **OF** **YEARS**

SECTION 1 – SCHOOL INFORMATION

(04) SCHOOL ADDRESS

(05) CITY/TOWN **(06) PROVINCE** **(07) POSTAL CODE**

(08) PHONE NUMBER - **(09) FAX NUMBER** -
AREA CODE NUMBER AREA CODE NUMBER

SECTION 2 – PROGRAM DETAILS

(10) REGULATING AUTHORITY: _____ **(11) NOC CODE:** _____
(if applicable)

(12) CREDENTIAL: a) DIPLOMA b) CERTIFICATE c) DEGREE d) OTHER (Specify) _____

(13) TOTAL PROGRAM LENGTH: (all years, excluding breaks and including all practice education components): a) Weeks b) Hours

INFORMATION ABOUT THE YEAR OF THE PROGRAM

(14) DELIVERY METHOD a) FIXED PACED b) SELF PACED

(15) PRACTICE EDUCATION IN THIS YEAR OF THE PROGRAM (maximum is percentage of (13b) Total Program Length above):

a) PRACTICUM <small>(MAX 20% of total)</small> <input type="text"/> Hours	b) CLINICAL <small>(MAX 50% of total)</small> <input type="text"/> Hours	c) PRECEPTORSHIP <small>(MAX 10% of total)</small> <input type="text"/> Hours	d) INTERNSHIP / EXTERNSHIP <small>(MAX 20% of total)</small> <input type="text"/> Hours	e) PAID WORK TERM <small>(MAX 50% of total)</small> <input type="text"/> Hours
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(16) LENGTH OF THIS YEAR OF THE PROGRAM (not to exceed 52 weeks): a) Weeks (excluding breaks) b) Weeks (including breaks)

(17) HOURS OF STUDY IN THIS YEAR OF THE PROGRAM (INCLUDING PRACTICE EDUCATION): Hours

(18) HOURS PROGRAM OFFERED (e.g. 8:00 am TO 5:00 pm)

a) WEEKDAYS: _____ TO _____

b) WEEKENDS: _____ TO _____

(19) SCHEDULED SCHOOL BREAKS

	START DATE (YY / MM / DD)	TO	END DATE (YY / MM / DD)
a) CALENDAR YEAR-END: (Dec to Jan)	<input type="text"/>	TO	<input type="text"/>
b)	<input type="text"/>	TO	<input type="text"/>
c)	<input type="text"/>	TO	<input type="text"/>
d)	<input type="text"/>	TO	<input type="text"/>
e)	<input type="text"/>	TO	<input type="text"/>

(20) CONTINUOUS ENTRY: YES NO (PROVIDE DATES BELOW)

	START DATE (YY / MM / DD)	TO	END DATE (YY / MM / DD)
a)	<input type="text"/>	TO	<input type="text"/>
b)	<input type="text"/>	TO	<input type="text"/>
c)	<input type="text"/>	TO	<input type="text"/>
d)	<input type="text"/>	TO	<input type="text"/>
e)	<input type="text"/>	TO	<input type="text"/>
f)	<input type="text"/>	TO	<input type="text"/>

(21) EDUCATION COSTS (approved by Regulating Authority)

a) ACTUAL TUITION	_____	.00
b) MANDATORY FEES	_____	.00
c) PROGRAM RELATED COSTS	_____	.00
d) EXCEPTIONAL EXPENSES	_____	.00

(22) DESCRIPTION OF PROGRAM:

OFFICE USE ONLY

SECTION 3 – DECLARATION

- (01) The program is offered at a full-time (100 per cent) course load. YES NO
- (02) The program is at the post-secondary level. YES NO
- (03) A formal post-secondary credential will be issued by the institution. YES NO
- (04) The program, in its current format, is accredited by the appropriate regulating authority..... YES NO
- (05) The program is at least 12 weeks in length. YES NO
- (06) Any break in study will not exceed the StudentAid BC allowable (no more than two [2] consecutive weeks, three [3] over calendar year-end). YES NO
- (07) The total breaks in study period will not be more than 10 per cent of the study period weeks. YES NO
- (08) This is a vocational/ technical program approved by PCTIA or ICBC,
- a) How many instructional hours per week? Hours
- b) Is this number of hours standard for the institution? YES NO
- c) The program will have a minimum of 20 hours per week/15 hours per week for aviation. YES NO

OR

- (09) This is a program for academic credit approved by DQAB or ACT,
- a) How many credits earned per term? Credits
- b) Is the number of credits standard for the institution? YES NO
- (10) The published minimum entrance requirements are 19 years of age prior to the start of the study period or graduation from grade 12 (or equivalent)? YES NO
- (11) If the program is delivered off-site, via distance, correspondence or other off-site method, it meets an equivalency described below (indicate which)..... N/A YES NO
- a) An equivalent course (academic / vocational / technical) is delivered on-site. a)
- b) The student earns the same number of credits in the same time period as students in other StudentAid BC eligible programs delivered on-site. b)
- c) The student will earn academic credits recognized at another designated institution listed in the BC Transfer Guide or other acceptable articulation agreements from other jurisdictions. c)

Note: Student must complete a minimum of nine credits in four months.

- (12) If this is a Partnership/ Joint Program, the student is registered and pays all required fees to your institution. N/A YES NO
- (13) If a partnership, the second school is designated/ accredited for StudentAid BC purposes..... N/A YES NO
- a) Name of Partner

PRACTICUM (UNPAID)

N/A

- (14) The practicum component is a mandatory requirement to obtain the credential..... YES NO
- (15) The practicum is not more than 20 per cent of the total program hours. (If answer is NO,..... YES NO
please attach the approval document from regulatory/governing body requiring the higher practicum hours.)
- (16) The students are unpaid..... YES NO
- (17) The students are supervised and evaluated by the practicum host..... YES NO
- (18) The students will be monitored by the instructor/institution..... YES NO

CLINICAL PLACEMENT (UNPAID) N/A

- (19) The clinical placement component is a mandatory requirement to obtain the credential. YES NO
- (20) The clinical placement is not more than 50 per cent of the total program hours. YES NO
- (21) The students are unpaid. YES NO
- (22) The instructor/student ratio is 1:8 or less. YES NO
- (23) The clinical placement is in a real-life setting under the immediate supervision of a fully qualified individual. YES NO
- (24) The students will be monitored by the instructor/institution. YES NO

PRECEPTORSHIP (UNPAID) N/A

- (25) The preceptorship component is a mandatory requirement to obtain the credential. YES NO
- (26) The preceptorship is not more than 10 per cent of the total program hours. YES NO
- (27) The students are unpaid. YES NO
- (28) The preceptorship is in a real-life setting under the immediate supervision of a fully qualified individual. YES NO
- (29) The students will be monitored by the instructor/institution. YES NO

PRE-ACCREDITATION INTERNSHIP / EXTERNSHIP (UNPAID) N/A

- (30) The internship/externship component is a mandatory requirement to obtain the credential. YES NO
- (31) The internship/externship is not more than 20 per cent of the total program hours. YES NO
- (32) The students are unpaid. YES NO
- (33) The internship/externship is in a real-life setting under the immediate supervision of a fully qualified individual. YES NO
- (34) The students will be monitored by the instructor/institution. YES NO

PAID WORK TERM (CO-OP EDUCATION) N/A

- (35) The students will be paid at competitive rates for work performed. YES NO
- (36) The co-op work term is not more than 50 per cent of the total program hours. YES NO
- (37) Work assignments will be related to the field of study and employer evaluations will be part of the institution records. YES NO
- (38) Students progress and performance will be monitored by the institution in the form of on-site visits. YES NO

PRACTICE EDUCATION N/A

- (39) The total combined practice education (practicum, clinical placement, preceptorship, internship, externship and work term) does not exceed 50 per cent of the total program hours. (Exceptions can be made for medicine, nursing and dentistry. Institutions can request special dispensation from this restriction on an individual program basis and where governing bodies have different requirements.) YES NO

DECLARATION SIGNATURE

(40) If you have answered NO to any of the above statements, the program does NOT qualify for StudentAid BC funding. If you answered YES to all questions (1-39) please complete a) and b) below. Sign a) (electronic signature acceptable), print and send to the Designation Unit at the address at the bottom of this page. Retain a copy for your records.

a) SIGNATURE OF SCHOOL OFFICIAL:

NAME OF SCHOOL OFFICIAL (printed):

b) DATE:

SECTION 4 – ADDITIONAL INFORMATION PROVIDED BY SCHOOL

Please provide the address of satellite locations and /or learning site locations.

(41) SCHOOL ADDRESS

LEARNING SITE
 SATELLITE SITE

CITY / TOWN

PROVINCE

POSTAL CODE

(42) SCHOOL ADDRESS

LEARNING SITE
 SATELLITE SITE

CITY / TOWN

PROVINCE

POSTAL CODE

(43) SCHOOL ADDRESS

LEARNING SITE
 SATELLITE SITE

CITY / TOWN

PROVINCE

POSTAL CODE

(44) ADDITIONAL INFORMATION:

Return To: Designation Unit
 Ministry of Advanced Education, Innovation and Technology
 P O Box 9883 Stn Prov Govt
 Victoria BC V8W 9T6