



# PROGRAM ELIGIBILITY DECLARATION

For Private Post-Secondary Schools

PLEASE REFER TO THE SABC ADMINISTRATION MANUAL, SECTION 3, FOR INSTRUCTIONS TO COMPLETE THIS FORM.

## SECTION 1 – SCHOOL INFORMATION

(01) **SCHOOL NAME** (02) **SCHOOL CODE**

(03) **SCHOOL ADDRESS (site location of program delivery)**

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

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

## SECTION 2 – PROGRAM INFORMATION

(01) **CHOOSE ONE:**  A ADD PROGRAM  B REVISE PROGRAM  C DELETE PROGRAM **FOR SABC PROGRAM YEAR:**     /

(02) **PROGRAM NAME (must match regulatory authority program name)** (03) **CODE** (04) **PREVIOUS NAME (IF APPLICABLE)**

(05) **REGULATING AUTHORITY:**   
**REGULATING AUTHORITY PROGRAM NAME:**   
**N O C CODE**

(06) **CREDENTIAL:**  A DIPLOMA  B CERTIFICATE  C DEGREE  D OTHER (Specify):

(07) **TOTAL PROGRAM LENGTH** (all years, excluding breaks and including all practice education components):  **Weeks**  **Hours**

### INFORMATION ABOUT THE YEAR OF THE PROGRAM

(08) **YEAR**  of a  **YEAR PROGRAM** **DELIVERY METHOD**  A FIXED PACED  B SELF PACED

(09) **PRACTICE EDUCATION IN THIS YEAR OF THE PROGRAM** (maximum is percentage of (07) Total Program Length above):  

<b>PRACTICUM</b> <small>(MAX 20% of total)</small>	<b>CLINICAL</b> <small>(MAX 50% of total)</small>	<b>PRECEPTORSHIP</b> <small>(MAX 10% of total)</small>	<b>INTERNSHIP/EXTERNSHIP</b> <small>(MAX 20% of the total)</small>	<b>PAID WORK TERM</b> <small>(MAX 50% of the total)</small>
<input type="text"/> <b>A</b> Hours	<input type="text"/> <b>B</b> Hours	<input type="text"/> <b>C</b> Hours	<input type="text"/> <b>D</b> Hours	<input type="text"/> <b>E</b> Hours

(10) **LENGTH OF THIS YEAR OF THE PROGRAM** (NOT TO EXCEED 52 WEEKS)  **Weeks** (Excluding Breaks)  **Weeks** (Including Breaks)

(11) **HOURS OF STUDY IN THIS YEAR OF THE PROGRAM** (INCLUDING PRACTICE EDUCATION)  **Hours**

(12) **HOURS PROGRAM IS OFFERED**  
(e.g. 8:00am TO 5:00pm)  
WEEKDAYS: \_\_\_\_\_ TO \_\_\_\_\_  
WEEKENDS: \_\_\_\_\_ TO \_\_\_\_\_

(13) **SCHEDULED SCHOOL BREAKS (YY/MM/DD)**

	<u>START DATE</u>	<u>END DATE</u>
CALENDER YEAR – END	_____ TO _____	_____ TO _____
SUMMER	_____ TO _____	_____ TO _____
OTHER _____	_____ TO _____	_____ TO _____
OTHER _____	_____ TO _____	_____ TO _____
OTHER _____	_____ TO _____	_____ TO _____

(14) **CONTINUOUS ENTRY:**  YES  NO (PROVIDE DATES BELOW)

**START DATE (YY/MM/DD)** **END DATE (YY/MM/DD)**

\_\_\_\_\_ TO \_\_\_\_\_  
 \_\_\_\_\_ TO \_\_\_\_\_  
 \_\_\_\_\_ TO \_\_\_\_\_

(15) **EDUCATION COSTS** (approved by Regulating Authority)

ACTUAL TUITION \_\_\_\_\_  
MANDATORY FEES \_\_\_\_\_  
PROGRAM RELATED COSTS (books, supplies, instruments) \_\_\_\_\_  
EXCEPTIONAL EXPENSES (compulsory trips, practicums, etc.) \_\_\_\_\_  
ADDITIONAL FEES (specify) \_\_\_\_\_

DESCRIPTION OF PROGRAM:

**SECTION 3 - DECLARATION**

1.	The program is offered at a full time (100 percent) course load.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	The program is at the post-secondary level.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	A formal post-secondary credential will be issued by the institution.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	The program, in its current format, is approved by the appropriate regulating authority.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	The program is at least 12 weeks in length.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Any break in study will not exceed the StudentAid BC allowable (no more than two [2] consecutive weeks, three [3] over calendar year - end)	<input type="checkbox"/> YES <input type="checkbox"/> NO.
7.	The total breaks in study period will not be more than 10 percent of the study period weeks.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	If this is a vocational/technical program, a) How many instructional hours per week? <input type="text"/> Hours b) Is this number of hours standard for the Institution? c) The program will have a minimum of 20 hours per week	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
9.	If this is a program for academic credit, a) How many credits earned per term? <input type="text"/> Credits b) Is the number of credits standard for the institution?	<input type="checkbox"/> YES <input type="checkbox"/> 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).	<input type="checkbox"/> YES <input type="checkbox"/> 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). <input type="checkbox"/> a) An equivalent course (academic/vocational/technical) is delivered on site. <input type="checkbox"/> 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. <input type="checkbox"/> 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.	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
12.	If this is a Partnership/Joint Program, the student is registered and pays all required fees to your institution.	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
13.	If a partnership, the second school is designated/accredited for StudentAid BC purposes. Name of Partner <input type="text"/>	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO

**PRACTICUM (UNPAID)** N/A

14.	The practicum component is a mandatory requirement to obtain the credential	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	The practicum is not more than 20 percent of the total program hours	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.	The students are unpaid	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	The students are supervised and evaluated by the practicum host	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	The students will be monitored by the instructor/institution	<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLINICAL PLACEMENT (UNPAID)**

■ N/A

- |     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| 19. | The clinical placement component is mandatory requirement to obtain the credential                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 20. | The clinical placement is not more than 50 percent of the total program hours                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 21. | The students are unpaid  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 22. | The instructor/student ratio is 1:12 or less   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 23. | The clinical placement is in a real-life setting under the immediate supervision of a fully qualified individual | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 24. | The students will be monitored by the instructor/institution   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PRECEPTORSHIP (UNPAID)**

■ N/A

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 25. | The preceptorship component is a mandatory requirement to obtain the credential                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 26. | The preceptorship is not more than 10 percent of the total program hours                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 27. | The students are unpaid   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 28. | The preceptorship is in a real - life setting under the immediate supervision of a fully qualified individual | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 29. | The students will be monitored by the instructor/institution  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PRE-ACCREDITATION INTERNSHIP/EXTERNSHIP (UNPAID)**

■ N/A

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 30. | The internship/externship component is a mandatory requirement to obtain the credential                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 31. | The internship/externship is not more than 20 percent of the total program hours                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 32. | The students are unpaid   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 33. | The internship/externship is in a real - life setting under the immediate supervision of a fully qualified individual | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 34. | The students will be monitored by the instructor/institution  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PAID WORK TERM (CO-OP EDUCATION)**

■ N/A

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 35. | The students will be paid at competitive rates for work performed   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 36. | The co-op work term is not more than 50 per cent of the total program hours   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 37. | Work assignments will be related to the field of study and employer evaluations will be part of the institution records | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 38. | Students progress and performance will be monitored by the institution in the form of onsite visits                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**PRACTICE EDUCATION**

■ N/A

- |     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| 39. | The total combined practice education (practicums, clinical placements, preceptorships, internships, externships, and work terms) 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.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|-----|--|------------------------------|-----------------------------|

