

New York State Education Department
 Bureau of Proprietary School Supervision
 89 Washington Avenue, EBA 560
 Albany, New York 12234

Application for Approval of a TAP Eligible Curriculum

**This form must be completed by any Private Career School seeking approval of a TAP eligible curriculum.
 Please type or print. NOTE: [BPSS-30](#) must also be completed and submitted with this form.**

1. School Name:			
Street:		E-mail Address:	
City:	State:	Zip:	Telephone:
2. Title of Curriculum:			Total Instructional Hours:

- | Answer each of the following as they relate to this curriculum. | Yes | No |
|---|--------------------------|--------------------------|
| 3a. Minimum curriculum length is at least 1440 instructional hours. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Schedule of instruction is at least 24 hours per week. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Curriculum will be taught over a calendar period of at least 12 months, but not more than 24 months. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Total instructional hours divided by hours per week are greater than 52 weeks and not more than 104 weeks. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Breaks of instruction totaling more than two consecutive days are given as approved in the most recently approved catalog. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. If TAP accelerated, the curriculum includes only one occupational objective. | <input type="checkbox"/> | <input type="checkbox"/> |

<p><i>I certify that the above curriculum will adhere to the TAP eligibility guidelines delineated above if TAP payments are to be accepted for that curriculum.</i></p> <p>Original Signature:</p>	<p><i>Bureau Use Only</i></p>
<p>Print/Type Name:</p>	
<p>Date:</p>	