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

BPSS-30 (8/23) Distance Education

1. Type of Application	on Complete and apply for a NEW CUR	RICULUM on the BPS	S System upload th	is application under	
Reapproval -	coursework . Be sure to update textbooks and/or ins	structional aids as well a	as contact informat	ion at renewal time. Apply	
	for a CURRICULUM RENEWAL on			ion under coursework.	
2. School Name:				3. Amount paid: \$	
4. Street:	5. E-mail Address:				
City:		State: Zip:		Zip:	
6. Total Instructiona	l Hours:	7. Curriculum/	Course ID No.: BPSS ONLY		
		С			
8. Title of Curriculum/ Course: - INCLUDE THE WORD "HYBRID or ONLINE" IN THE TITLE (whichever is applicable)					
9. Entrance Requirem	nents (Check all that apply):	10. Graduation I	ion Requirements:		
A. High So	chool Diploma/ GED				
B. Ability to Benefit Exam					
C. ESL Pla	acement Test				
D. Other (Identify here and in catalog)				
Ability to Benefit/ESL	Placement Exam Title and Score:				
Ability to Benefit	Exam Name		Score		
ESL	,		Entrance:	Exit:	
11. Method of Instru	8 8	etion: 13.	Definition of Or	ne Instructional Hour:	
HYBRID or ONLINE				minutes	
14. Briefly Describe A	Any Changes: (attach a letter on sci	hool letterhead if nece	essary)		
15. Name of Curricul	um Contact Person:				
Title:	Telephone: ()				
16. Original Signature of Director:					
Print/ Type Name:		Dat	e:		

17. Occupational/ Non-occupational Objectives		
List entry-level job titles for which a student will qualify upon completion of the curriculum:		

18. Breakdown of Theory, Skill and Internship Hours

List the courses/ units in the order in which instruction will take place. Place an asterisk (*) next to any courses/ units which can be offered in any sequence within the curriculum. List the number of hours offered for each course/ unit in the second column. In the third column list the predominant focus of the course/unit, either "T" for theory, "S" for skill, or "I" for internship/ externship. List only one letter for each course/ unit. Use additional sheets if necessary.

		Online	Classroom	Bureau Use Only	
Course/ Unit Title	Total Hours	hours (theory)	hours (skills, theory, internship)	Student - Teacher Ratios	Teacher Licensure Area
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
				:1	
TOTAL OF SKILL AND THEORY COLUMNS					

19. Textbooks and Instructional Aids

Complete for each course. If no texts or instructional aids are used, enter course title and "NA." Use additional sheets if necessary.

Unit/Course Title:	
Textbook:	
Publisher:	Date:
Software:	
Other Instructional Aids:	
Unit/Course Title:	
Textbook:	
Publisher:	Date:
Software:	
Other Instructional Aids:	
Unit/Course Title:	
Textbook:	
Publisher:	Date:
Software:	
Other Instructional Aids:	
Unit/Course Title:	
Textbook:	
Publisher:	Date:
Software:	
Other Instructional Aids:	
Unit/Course Title:	
Textbook:	
Publisher:	Date:
Software:	
Other Instructional Aids:	
Unit/Course Title:	
Textbook:	
Publisher:	Date:
Software:	
Other Instructional Aids:	

20. Equipment List

Describe equipment purchased by the students for this curriculum only, include the cost of each item. Do not include instructional aids or desks/chairs. Include manufacturer's name, model, and name of item. For computers, also indicate the speed in MHz, and the size of the harddrive, and the RAM.

Quantity	Description

21a. Content Outline

Outline the curriculum with: units, total hours per unit, corresponding subunit topics, performance objectives per unit, assessment and instructional methods per unit (use additional pages if necessary). (If a separate document has been uploaded with content breakdown, please state that here)

21b. Internships Sites

At renewal, list your current internship sites. All sites for Home Health Aide, Nurse Aide, and other clinical allied health occupations must be individually approved by the BPSS curriculum unit, by sending the appropriate affiliation agreement form. Internships in other fields may, after prior approval from the curriculum unit, be kept on file at the school, after the first three sites have been approved by the curriculum unit. Schools must still maintain such executed affiliation agreements for all sites at their school location and make them available to the Bureau upon request. Complete a separate sheet for each curriculum.

n/course:	
Address	Used since (date)
	Address Address

Use additional sheets if necessary.

Checklist/Attestation for Distance Learning Addendum to the Online/Hybrid Curriculum Application

Please INITIAL after having completed the following with your responses:

1. Curriculum title is descriptive and clear, with Online	out advertising; includes the word Hybrid or
2. Prepared a working prototype/online classroo	om.
3. Provided for the monitoring and archiving of	student attendance according to guidelines
4. Disclosed the institution's approval status, in address, and telephone number of BPSS and	•
5. Provided for adequate safety and integrity of Established measures for authenticating students.	_
6. Planned for synchronous student-teacher inte	raction to measure in clock hours
7. School's instructors are employees of the sch	ool and licensed with BPSS for the subject area
8. Determined the number of instructional hours	s assigned to online and classroom instruction
9. Prepared instructional materials designed spe	cifically for distance education use
10. Provided for outside resources, electronic da	atabases, and other library access features.
	st site, mirror site, information on course archive, etails on school liaison for technical assistance.
12. Arranged for training students to access and potential student technical online issues. Arranged	use the course. Made plans for dealing with ranged for any necessary training of faculty/staff.
13. Planned for routinely updating technology is	nfrastructure
14. Planned preventive measures to protect aga	inst malware
By signing in the space provided below the school official is a and has provided the curriculum unit of BPSS evidence (a non this checklist.	
School Name (printed):	
School Director Signature:	
School Director Name Printed:	