 **TH E STATE EDUCATION DEPARTMENT** / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

# **Application for Registration of a New Program[[1]](#footnote-1)**

# **In a** [**Licensed Profession**](http://www.op.nysed.gov/)

**Form Instructions:**

* This application is for New York degree-granting institutions seeking to register a new program in a licensed profession or a related field. The program proposal will be evaluated by the Professional Education Program Review (PEPR) Unit in the Office of the Professions (OP).
* Institutions proposing ***a* professional doctoral degree program** should contact the PEPR Unitat opprogs@mail.nysed.gov for the application process.
* Submit the application electronically to opprogs@nysed.gov. Please note: if it is determined to be necessary, a hard copy may be requested.
* Under certain circumstances, proposed programs may require amendment of the institution’s master plan and/or charter or certificate of incorporation, in addition to program registration.

**Master Plan Amendments**

Approval of a [master plan amendment](http://www.highered.nysed.gov/ocue/aipr/mpainfo.html) is required when the institution seeks initial authorization to award a degree; offers its first program at a new level of study; establishes a branch campus or inter-institutional program; or establishes at each degree level its first program in each of the 10 general disciplinary areas.

**Charter Amendments and Similar Authorizations**

The Board of Regents incorporates independent, not-for-profit colleges and universities by issuing a charter, which defines the institution’s legal authority and the location and scope of its programs of study and the degrees it may award. Charter amendments may be needed for such actions as initial authority to award degrees; new degree titles, including degrees at new levels; change of location or establishment of a branch campus; and operation beyond the specified limitations in the existing charter.

A proposal for registration from a proprietary college may require amendment of the college’s [certificate of incorporation](http://www.dos.state.ny.us/corp/filing.html) on file with the Department of State. Such amendments require the [consent](http://www.counsel.nysed.gov/consents.html) of the Commissioner of Education.

More information about [charter amendments](http://www.highered.nysed.gov/ocue/aipr/cainfo.html) and similar authorizations is available online.

* More resources on program registration can be found in the [Program Registration Guidelines and Resources](http://www.highered.nysed.gov/ocue/aipr/guidelines.html) document.

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| **Program registration** is based on standards in the [Regulations](http://www.highered.nysed.gov/ocue/rules.htm) of the Commissioner of Education. Section [52.1](http://www.highered.nysed.gov/ocue/title_8_chapter_ii_regulations_o.htm#§%2052.1%20Registration%20of%20postsecondary%20curricula.) defines the curricula that must be registered. The Department registers individual curricula rather than the institution as a whole, but the registration process addresses major institutional elements. It is the chief means by which the Regents support the quality of college and university programs. Please enter the requested information about the proposed program. **Section I: General Information**  |
| **Item** | **Response** *(type in the requested information)* |
| **Institution information**  | Date of Proposal: Institution Name: Address: *Additional information*:* Specify campus where program will be offered, if other than the main campus:
* If any *courses* will be offered off campus, indicate the location and number of courses and credits:
 |
|  **Program information**  | Program title:[Award](http://www.highered.nysed.gov/ocue/lrp/chapter_i_of_title_8_of_the_offi.htm) (e.g., B.A., M.S.):Maximum Number of Credits:Proposed [HEGIS Code](http://www.highered.nysed.gov/ocue/documents/HEGIS.pdf):Certification/licensure title(s) that the program leads to: If the program is credit bearing *and* will lead to a Certificate or an Advanced Certificate, indicate the [registered degree program(s)](http://www.nysed.gov/heds/IRPSL1.html) to which the credits apply: |
| **Program format** | Check all program scheduling and format features that apply: (See [definitions](http://www.highered.nysed.gov/ocue/aipr/format.html))i) **Format**: Day Evening Weekend Evening/Weekend Not Full-Timeii) **Mode**: Standard Independent Study External Accelerated Distance Education (submit [distance education application](http://www.highered.nysed.gov/ocue/aipr/HET-DE-March2015.docx) with this proposal)iii) **Other**: Bilingual Language Other Than English Upper Division Program |
| **Contact person for this proposal** | Name and title: Telephone: Fax: E-mail: |
| **CEO** (or designee) **approval** *Signature affirms the institution’s commitment to support the proposed program.* | Name and title:Signature and date: |
| **If the program will be registered jointly[[2]](#footnote-2) with another institution, provide the following information:** |
| Partner institution’s name:Name and title of partner institution’s CEO:Signature of partner institution’s CEO: |

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|  **Section II. Program Information** |
| 1. **Program Description and Purpose**
 |
| 1. Provide a brief description of the program as it will appear in the institution’s catalog.
 |
| *Answer*: |
| 1. List educational outcomes and (if appropriate) career objectives.
 |
| *Answer*: |
| 1. How does the program relate to the institution’s mission and/or master plan?
 |
|  *Answer*: |
| 1. If the program has sought or will seek specialized accreditation, indicate

 Accrediting Organization: Date Accredited or Expected Date of Accreditation: |
| 1. Describe the role of faculty in the program’s design.
 |
| *Answer*: |
| 1. Describe the input by external partners, if any (e.g., employers and institutions offering further education).
 |
| *Answer*: |
| 1. What are the anticipated Year 1 through Year 5 enrollments?
 |
| *Answer*: |
| 1. **Sample Program Schedule**
 |
| 1. Complete Table 1a (for [undergraduate](#Undergrad_1a) programs) or Table 1b (for [graduate](#Grad_1b) programs).
* If the program will be offered through a nontraditional schedule, provide a brief explanation of the schedule, including its impact on financial aid eligibility.
 |
| 1. Please indicate hours of instruction and supplementary assignments per semester hour of credit:
* Hours of direct instruction per semester hour of credit:
* Hours of supplementary assignments per semester hour of credit:
* If there will be laboratory or clinical hours, please indicate the credit-to-contact hour ratio:
 |
| 1. For master’s degree programs**,** identify any research or a comparable occupational or professional experience component(s) (e.g., passing a comprehensive test, writing a thesis based on independent research, or completing an appropriate special project), including course number if applicable:
 |
| 1. **Faculty**
 |
| 1. Complete the faculty table (Tables 2-4) that describe full-time faculty, part-time faculty, and/or faculty to be hired, as applicable. Faculty curricula vitae should be provided upon request.
 |
| 1. Please explain why the size and expertise of the proposed faculty is appropriate to the proposed program. If additional faculty will be hired, please provide a detailed hiring plan.
 |
| 1. If existing faculty members will direct study in the proposed program(s), please explain the impact of the proposed program(s) on the existing program(s) in terms of faculty resources and indicate the total course load of faculty teaching in existing program(s) and the proposed program(s).
 |
| *Answer*: |

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| **3. Faculty (continued)**  |
| 1. Indicate faculty to student ratio for the existing program(s) and explain how those ratios will be maintained for the combined existing program(s) and the proposed program(s).
 |
| *Answer*: |
| 1. **Financial Resources and Instructional Facilities**
 |
| 1. Describe the instructional facilities (including laboratories) and equipment committed to ensure the success of the program. If applicable, please explain what courses will be offered at the labs and the staffing for the lab(s).
 |
| *Answer*:  |
| 1. Complete the [new resources table](#Resources_5) (Table 5). If applicable, please elaborate on the plan for new or renovating the labs, including the timeline.
 |
| 1. Describe process for maintaining and replacing resources necessary to accomplish the outcomes of the program.
 |
| *Answer:*  |
| 1. **Proposed Program Budget, Revenue, and Expenses:** Provide information to indicate proposed program budget, revenue, and expenses for year 1 through year 3. Please list the major line items.
 |
| *Answer:* |
| 1. **Library Resources**
 |
| 1. Summarize the analysis of library resources for this program by the collection librarian and program faculty. Include an assessment of existing library resources and their accessibility to students enrolled in all program formats.
 |
| *Answer:*  |
| 1. Describe the institution’s response to identified needs and its plan for library development.
 |
| *Answer*: |
| 1. **Admissions:**
 |
| 1. List all institutional and program admission requirements.
 |
| *Answer*: |
| 1. Describe enrollment periods.
 |
| *Answer:*  |
| 1. Describe the process for evaluating exceptions to those requirements.
 |
| *Answer*: |
| 1. How will the institution encourage enrollment by persons from groups historically underrepresented in the discipline or occupation?
 |
| *Answer*: |
| 1. **Academic Support Services:** Describe the academic support services(e.g., social, psychological, health, financial and academic counseling)available to help students succeed in the program.
 |
| *Answer*: |
| 1. **Credit for Experience:** If this program will grant credit for learning derived from experience, describe the methods of evaluating the learning and the maximum number of credits allowed.
 |
| *Answer*: |

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| 1. **Program Assessment and Improvement:** Summarize the plan for periodic evaluation of the new program, including the use of data to evaluate educational effectiveness for program improvement.
 |
| *Answer*: |
| 1. **Transfer to Baccalaureate Programs:** If the program will be **promoted as preparing students for transfer to a baccalaureate program**, provide a copy of an articulation agreement with at least one institution.
 |
| *Answer*: |
| 1. **External Review:** If the proposal falls into any of the following categories, submita copy of an **evaluation** ([Word](http://www.highered.nysed.gov/ocue/documents/evalform.doc)) ([PDF](http://www.highered.nysed.gov/ocue/documents/evalform.pdf)) of the program by a recognized expert in the field **who has been approved in advance** by the State Education Department. In addition, submit the institution’s response to the evaluation and highlight how the proposal was modified in response to the reviewer’s comments.
* The proposal is a **graduate degree program** below the doctoral level.
* The proposal is an **undergraduate degree program** in **engineering or engineering technology.**
* The proposal is an **undergraduate degree program** and the program’s **subject matter represents a new or emerging field**.
* The proposal is an **undergraduate degree program** in an **allied health** area, unless the institution can demonstrate that the program is accredited by an accrediting body for college-level programs in the field.
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**Section III. Curriculum.** Please contact opprogs@mail.nysed.gov for the appropriate curriculum content chart for the proposed program.

**Table 1a:**  **Undergraduate Program Schedule**

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| * Indicate **academic calendar** type: \_\_Semester \_\_Quarter \_\_Trimester \_\_Other (describe)
 |
| * Label each term in sequence, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2)
* Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed.
 |
| **Term:** | Check course classification(s) |  | **Term:** | Check course classification(s) |
| **Course Number & Title** | Cr | LAS | Maj | New | Prerequisite(s) | **Course Number & Title** | Cr | LAS | Maj | New | Prerequisite(s) |
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| **Term:** | Check course classification(s) | **Term:** | Check course classification(s) |
| **Course Number & Title** | Cr | LAS | Maj | New | Prerequisite(s) | **Course Number & Title** | Cr | LAS | Maj | New | Prerequisite(s) |
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| **Term:** | Check course classification(s) | **Term:** | Check course classification(s) |
| **Course Number & Title** | Cr | LAS | Maj | New | Prerequisite(s) | **Course Number & Title** | Cr | LAS | Maj | New | Prerequisite(s) |
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| **Term:** | Check course classification(s) | **Term:** | Check course classification(s) |
| **Course Number & Title** | Cr | LAS | Maj | New | Prerequisite(s) | **Course Number & Title** | Cr | LAS | Maj | New | Prerequisite(s) |
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| **Program Totals:** | **Credits:** | **Liberal Arts & Sciences:**  | **Major:** |  **Elective & Other:** |
| **Cr**: credits **LAS**: [liberal arts & sciences](http://www.highered.nysed.gov/ocue/lrp/liberalarts.htm) **Maj**: major requirement **New**: new course **Prerequisite(s)**: list prerequisite(s) for the noted courses |

**Table 1b:**  **Graduate Program Schedule**

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| * Indicate **academic calendar** type: \_\_Semester \_\_Quarter \_\_Trimester \_\_Other (describe)
 |
| * Label each term in sequence, consistent with the institution’s academic calendar (e.g., Fall 1, Spring 1, Fall 2)
* Use the table to show **how a typical student may progress through the program**; copy/expand the table as needed.
 |
| **Term:** |  | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
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| Term credit total: |  |  | Term credit total: |  |  |
| **Term:** | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
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| Term credit total: |  |  | Term credit total: |  |  |
| **Term:** | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
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| Term credit total: |  |  | Term credit total: |  |  |
| **Term:** | **Term:** |
| **Course Number & Title** | Credits | New | Prerequisite(s) | **Course Number & Title** | Credits | New | Prerequisite(s) |
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| Term credit total: |  |  | Term credit total: |  |  |
| **Program Totals:** | **Credits:** | Identify any comprehensive, culminating element(s) (e.g., thesis or examination), including course number if applicable: |
| **New**: indicate if new course **Prerequisite(s)**: list prerequisite(s) for the noted courses |

**Table 2:** **Full-Time Faculty**

**Note:** Faculty teaching at the graduate level must have an earned doctorate/terminal degree or demonstrate special competence in the field.Provide information on full-time faculty members who will be teaching each course in the major field or graduate program.

| **Faculty Member Name and Title** (include and identify Program Director) | **Tenure Status****(T, TT, or NTT)**T=TenuredTT=Tenure-TrackNTT=Non-Tenure-Track | **Length of Time (Number of years) at the Institution** | **Percent Time to Program** | **List All Earned Degrees & Disciplines** (include College/University). **Disciplines must be identified.** | **Additional Qualifications:** list related certifications/ licenses; professional experience; scholarly contributions, etc. | **Program Courses (Course Number and Title) Must be Listed**  |
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| *Example**Jonathan Smith, Assistant Professor* | *Example:**TT* | *Example:**1.5 years* | *Example:**60%* | *Example:**Ph.D. Microbiology, ABC University**M.A. Biology, College of ABC**B.A. Medical Technology, University at ABC* | *Example:**Certified Clinical Lab Technologist* | *Example:**AHS 400: Medical Microbiology* |
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**Table 3: Part-Time Faculty**

**Note:** Faculty teaching at the graduate level must have an earned doctorate/terminal degree or demonstrate special competence in the field. Provide information on part-time faculty members who will be teaching each course in the major field or graduate program.

| **Faculty Member Name and Title** (include and identify Program Director) | **Length of Time (Number of years) at the Institution** | **List All Earned Degrees & Disciplines** (include College/University). **Disciplines must be identified.** | **Additional Qualifications:** list related certifications/ licenses; professional experience; scholarly contributions, etc. | **Program Courses (Course Number and Title) Must be Listed** |
| --- | --- | --- | --- | --- |
| *Example**Ronald Murray* | *Example:**1.5 years* | *Example:**Ph.D. Microbiology, ABC University**M.A. Biology, College of ABC**B.A. Medical Technology, University at ABC* | *Example:**Certified Clinical Lab Technologist* | *Example:**AHS 400: Medical Microbiology* |
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**Table 4: Faculty to be Hired**

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| If faculty must be hired, specify the number and title of new positions to be established and minimum qualifications. |
| **Title/Rank of Position** | **No. of New Positions** | **Minimum Qualifications** (including degree and discipline area) | **F/T or P/T** | **Percent Time to Program** | **Expected Course Assignments** | **Expected Hiring Date** |
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**Table 5: New Resources**

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| List **new** resources that will be engaged specifically as a result of the new program (e.g., a new faculty position or additional library resources). New resources for a given year should be carried over to the following year(s), with adjustments for inflation, if they represent a continuing cost.  |
| **New Expenditures** | **Year 1** | **Year 2** | **Year 3** |
| Personnel |  |  |  |
| Library |  |  |  |
| Equipment |  |  |  |
| Laboratories |  |  |  |
| Supplies & Expenses (Other Than Personal Service) |  |  |  |
| Capital Expenditures |  |  |  |
| Other (Specify: \_\_\_\_\_\_\_\_\_\_\_ )  |  |  |  |
| **Total all** |  |  |  |

1. CUNY and SUNY institutions: contact System Administration for program registration guidance. [↑](#footnote-ref-1)
2. If the partner institution is non-degree-granting, see [CEO Memo 94-04](http://www.highered.nysed.gov/ocue/lrp/ceomemorandum.htm). [↑](#footnote-ref-2)