



Application for Curriculum Review

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED
Note: You must complete this form for each full program or individual course you wish reviewed

Section 1: Institute Information

Application Date: _____

Institution Name _____			
Contact Person _____			
Full Address _____			
Suite/Unit #	City	Province	Postal Code
Telephone _____	FAX _____		
Define your Institution:	Public College <input type="checkbox"/>	Public University <input type="checkbox"/>	Private University <input type="checkbox"/>
	Private College <input type="checkbox"/>	Other <input type="checkbox"/>	_____
Are you an approved institution by your provincial regulator	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does your program need to be approved by your Provincial Ministry of Colleges and Universities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Section 2: Program Information

If you are applying for a full program review, please supply the Ministry program code or NOC code _____	If you are applying to have an individual course approved, please state the course code _____		
Occupation(s) towards which the program is directed: _____	The course is directed toward which occupation: _____		
Language of Instruction English <input type="checkbox"/>	French <input type="checkbox"/>	Other <input type="checkbox"/>	_____
Program Course Format Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Distance Education <input type="checkbox"/>	Combination <input type="checkbox"/>
	Other <input type="checkbox"/>	_____	
Length of Program Total Hours _____	Total Theory _____	Total Clinical Supervised hours _____	
Hiring Rate of Graduates _____			
Course Catalogue Description _____			
Admission Requirements _____			
What type of credential are you providing to students upon completion of the course or program?			
Diploma (provide a sample) <input type="checkbox"/>			
Certificate (provide a sample) <input type="checkbox"/>			
Other <input type="checkbox"/>			
(provide a sample)			

Section 3: Program/Course Development

Identify those subject matter experts and educational consultants who assisted in the development of the program			
Name	Professional Affiliations/Credentials	Staff Member at the College	Telephone #
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 4: Program/Course Validation and Maintenance

The curriculum must be evidence based and validated by an advisory committee.

Program/Course has been reviewed by an advisory committee: Yes (attach meeting minutes) No (explain below)

Describe the methods to be used by the institution to determine whether the program is meeting its attended goal of providing students with the knowledge and skills

The program must have clear measurable learning outcomes. All content must be accurate and have addictions specific focus. Assessments strategies must include written and oral components which align with the learning outcomes.

Include all course /program outlines:

Include samples of assessments for each course:

Section 5: Instructor Qualifications

Instructors must possess a minimum of a diploma degree and meet the requirements of the Provincial Education authority. Instructors must also demonstrate that they meet the requirements for ICADC certification. Please provide a description of the instructors qualifications and experience: **Include link for ICADC**

Section 6: Declarations

I declare that the curriculum documents supplied are the property of:

Note: in the event the curriculum documents present for assessment are NOT the property of the institutions submitting, documented evidence of the rightful owners' permission allowing use of their curriculum by another party is required before CACCF or its agents complete the assessment process.

I declare the curriculum documents supplied are NOT the property of:

I declare that the curriculum documents supplied are the property of:

to use and submit to the CACCF for assessment (attached).

Name of Person submitting
(please print) _____

Signature _____ Date _____

Phone _____ FAX _____

Email _____

Institution Web Site _____