



ATTACHMENT A

APPLICATION FOR INITIAL APPROVAL OF NEW SCHOOL PROGRAM

Program Type: Psychiatric Technician

	Full Time	Part Time	
Community College	Adult School		R.O.P.
Private	Hospital-Based		Other

Proposed Program Name:

Address:

Administrator:

Administrator's Office Address:

Direct Phone #:

Email Address:

Program Director:

Director's Office Address:

Direct Phone #:

Email Address:

Person responsible for developing program proposal if not the proposed director named above:

Name:

Title:

Direct Phone #:

Signature of Administrator:

Date: