



**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:**