NEW JERSEY DEPARTMENT OF EDUCATION RENEWAL DOCUMENT

SECTION K

CAREFULLY READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

School	Date	Director	School Year Applying for Approval (e.g. 2016-17)
School Address (Including City, State Zip Code)		Fax Number:	County
Telephone Number		E-Mail Address	Federal ID. No

Directions: This form must be completed electronically and submitted no later than 90 calendar days prior to the expiration date of each school's current Certificate of Approval. List all currently approved programs that will be offered in the upcoming school year in **alphabetical order.** Please provide the clock and credit hours (if applicable) and the name of the instructor teaching the program. Send Staff Data Forms **only for new instructors who have not yet submitted their credentials.** * * For programs approved in credit hours, provide the accrediting agency. Programs currently approved that are not listed will be removed from the Eligible Training Provider List and your list of approved programs. ***For each program, indicate if you currently contract with a school district or charter school, pursuant to N.J.A.C. 6A:19-2.4, to provide instruction to public school students.
Please email completed forms to: **privatecareerschools@doe.state.nj.us**.

Note: For **literacy only** programs, please complete a separate Section K form and submit it to the Training Evaluation Unit via email at trainingevaluationunit@dol.nj.gov.

Program Title	CIP Code	Clock Hours of Instruction	Credit Hours (If accredited**)	Instructor	**Name of Accrediting Agency	***Contracting with School District? Y or N

Approval: **Education Program Development Specialist**

Signature **Date**