

PRACTICAL TRAINING / INDEPENDENT STUDY COURSE CHECKLIST

(To be used for the Approval of On-Line and Other Non-Traditionally Delivered Courses)
SOUTH CAROLINA STATE APPROVING AGENCY (SC SAA)

Name of Institution: _____

Course Name & Number: _____

Practical Training (please specify site): _____
 (Consists of off-campus job experiences)

Independent Study (please specify method): _____
 (Consists of courses offered without any regularly scheduled conventional classroom or laboratory sessions)

Degree Program in which course is required for graduation: _____

Pursuant to Title 38, CFR 21.4265 and 21.4267 and additional reasonable criteria established by the SAA pursuant to 21.4253(d), off-campus courses such as Practica, Internships / Externships, Internet, and Residencies may be considered as resident institutional training only if all the following conditions are met. Complete the following checklist for the course named above.*

The course is:

| | <u>Y</u> | <u>N</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| (i) Accredited by a nationally-recognized accrediting agency or is offered by a school accredited by one of the regional accrediting associations; | <input type="checkbox"/> | <input type="checkbox"/> | |
| (ii) Part of the approved curriculum of the school; | <input type="checkbox"/> | <input type="checkbox"/> | |
| (iii) Part of a program of study (certificate, diploma, or degree program) approved by the State Approving Agency (SAA); | <input type="checkbox"/> | <input type="checkbox"/> | |
| (iv) Directly supervised by the school; | <input type="checkbox"/> | <input type="checkbox"/> | |
| (v) Measured in the same unit as other courses; | <input type="checkbox"/> | <input type="checkbox"/> | |
| (vi) Required for graduation; and | <input type="checkbox"/> | <input type="checkbox"/> | |
| (vii) A planned program of activities described in the school's official publication(s) (or attached) that meets the following conditions and distinguishes this course as institutional in nature as opposed to training on-the-job. <i>The course has:</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| A. A provision for an assigned instructor; | <input type="checkbox"/> | <input type="checkbox"/> | |
| B. A statement that the planned program of activities is controlled by the parent school or its authorized academic representative(s) and not by officials of the training site (Practical Training Only); | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. A requirement that class attendance on at least a weekly basis be regularly scheduled to provide for interaction between instructor and student (Practical Training Only); | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. A provision for instructor-student interaction on at least a weekly basis* and a stipulation that this interaction is a regular part of the training program (Independent Study Only); | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. A statement that appropriate assignments are required for completion of the course; | <input type="checkbox"/> | <input type="checkbox"/> | |
| F. A grading system similar to the system used for other resident courses offered by the school, and; | <input type="checkbox"/> | <input type="checkbox"/> | |
| G. A schedule of time required for the training which demonstrates that the student shall spend at least as much time in preparation and training as is normally required by the parent school for its resident courses. | <input type="checkbox"/> | <input type="checkbox"/> | |

Name of Academic Department Official (please print) _____

Signature of Academic Department Official _____

Title _____ Date _____