



# ISCET Program Approval Application

**NOTICE:** This application is for the consideration of official course approval by ISCET. All information submitted in this application will be considered during the approval process and will be held confidential between ISCET, any associates utilized by ISCET, the institution and parties contained within. This information is collected solely for the purpose of course approval. During the course approval process, further information may be requested.

\_\_\_ NEW     \_\_\_ RENEWAL

**NOTE: If you are renewing your Course Approval, please complete only the Contact information (Part 1), Payment information (Part 5) and Course Renewal information (Page 7). If there have been substantial changes since original application a new application will be required.**

**\*Instructors applying for ISCET Course Approval should be currently certified in the area in which they plan to utilize ISCET certification(s).**

Name of Institution \_\_\_\_\_

Address of Physical Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Web Address \_\_\_\_\_

Institution's Year of Origination \_\_\_\_\_

Approx. Number of Students Enrolled At Institution (All Students, All Courses) \_\_\_\_\_

**Main Focus of Studies And Topics Offered:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Institution's Accreditations and/or Licensure:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Primary Contact** \_\_\_\_\_ **Title** \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

(If Applicable)

**Secondary Contact** \_\_\_\_\_ **Title** \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**ISCET Certification the program will be applicable to: (Separate application is required for each area)**

\_\_\_ Certified Service Manager (CSM)    \_\_\_ CET, Associate    \_\_\_ CET, Biomedical    \_\_\_ CET, Computer  
 \_\_\_ CET, Consumer    \_\_\_ CET, Industrial    \_\_\_ Customer Service Representative (CSR)  
 \_\_\_ Electronics Systems Associate (ESA)    \_\_\_ FCC    \_\_\_ Multimedia Systems Technician (MST)  
 \_\_\_ NASTeC, \_\_\_ Basic or \_\_\_ Advanced    \_\_\_ Telecommunications    \_\_\_ Other: \_\_\_\_\_ (specify)

\*Specify what types of educational tools are to be used for the course specified in part 1. Course materials will need to be reviewed during the Course Approval process. ISCET may request physical copies of texts and/or other educational tools during the Course Approval process. ISCET may also verify any information collected for Course Approval.

**Textbooks / Lab Manuals**

Title of Text \_\_\_\_\_ Author \_\_\_\_\_

Publisher \_\_\_\_\_ Year of Publication \_\_\_\_\_ ISBN # \_\_\_\_\_

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Publisher \_\_\_\_\_ Year of Publication \_\_\_\_\_ ISBN # \_\_\_\_\_

Title of Text \_\_\_\_\_ Author \_\_\_\_\_

Publisher \_\_\_\_\_ Year of Publication \_\_\_\_\_ ISBN # \_\_\_\_\_

**Computer Programs**

Title of Program \_\_\_\_\_ Author \_\_\_\_\_

Year Published \_\_\_\_ OS: \_\_\_\_ Windows: \_\_2000 \_\_XP \_\_Vista \_\_7 \_\_\_\_ Apple \_\_\_\_ Linux \_\_\_\_ Other

Title of Program \_\_\_\_\_ Author \_\_\_\_\_

Year Published \_\_\_\_ OS: \_\_\_\_ Windows: \_\_2000 \_\_XP \_\_Vista \_\_7 \_\_\_\_ Apple \_\_\_\_ Linux \_\_\_\_ Other

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Year Published \_\_\_\_ OS: \_\_\_\_ Windows: \_\_2000 \_\_XP \_\_Vista \_\_7 \_\_\_\_ Apple \_\_\_\_ Linux \_\_\_\_ Other

**CD-ROM Programs**

Title of Program \_\_\_\_\_ Author \_\_\_\_\_

Year Published \_\_\_\_ OS: \_\_\_\_ Windows: \_\_2000 \_\_XP \_\_Vista \_\_7 \_\_\_\_ Apple \_\_\_\_ Linux \_\_\_\_ Other

Title of Program \_\_\_\_\_ Author \_\_\_\_\_

Year Published \_\_\_\_ OS: \_\_\_\_ Windows: \_\_2000 \_\_XP \_\_Vista \_\_7 \_\_\_\_ Apple \_\_\_\_ Linux \_\_\_\_ Other

Title of Program \_\_\_\_\_ Author \_\_\_\_\_

Year Published \_\_\_\_ OS: \_\_\_\_ Windows: \_\_2000 \_\_XP \_\_Vista \_\_7 \_\_\_\_ Apple \_\_\_\_ Linux \_\_\_\_ Other

**Video Presentations**

Format(s) \_\_\_\_\_ Title \_\_\_\_\_

Format(s) \_\_\_\_\_ Title \_\_\_\_\_

**Course Outline**

Title of Course \_\_\_\_\_ Length of Course (In weeks and hours) \_\_\_\_\_

**Enclose a detailed outline or syllabus for course seeking approval on letterhead from applying institution.**

**Test Equipment & Supplies**

\*Include any and all equipment that would pertain specifically and directly to the course for which approval is being requested. (Attach additional sheets as needed) Enclose photos showing the Hands-On component of your course.

- 1) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_
- 2) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_
- 3) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_
- 4) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_
- 5) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_
- 6) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_
- 7) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_
- 8) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_
- 9) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_
- 10) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_

Describe facilities where any equipment and supplies are stored, used, or located.

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What are the plans for equipment maintenance and replacement?

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Are they written? \_\_\_\_\_

**Instructor Resumes**

*\*Attach resumes for all instructors that will be responsible for teaching this course.*

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

**If an existing program:**

Former Student References

*\*List three previous students who have completed this course within the last five years.*

Name _____	
E-mail address _____	Phone # _____
Name _____	
E-mail address _____	Phone # _____
Name _____	
E-mail address _____	Phone # _____

**If this is a new program:**

List members of advisory board

*\*List three advisors who are currently on the advisory board.*

Name _____	
E-mail address _____	Phone # _____
Name _____	
E-mail address _____	Phone # _____
Name _____	
E-mail address _____	Phone # _____

The fee for processing the application for Course Approval is \$300. This fee is non-refundable. If there are any additional fees required, such as site visit expenses, these will be provided in advance before they are incurred. If the applying program is asking for approval of more than one course at the same time the fee for additional applications is \$200. These fees must be paid at the time of application and cannot be paid separately. The discount for application only applies to additional application submitted at the same time as the first application. If this application is for renewal of an unexpired approval the fee will be \$250. After expiration of a previous approval the fee will be the same as a new application.

Course approvals are valid for three (3) years.

I certify that the applying institution agrees to the terms and conditions contained in this document and I have the authority to enter into this agreement. I further certify that the information contained in the application is a true and accurate description of the requested data.

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Check enclosed  Money order enclosed

Charge credit card/debit card

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV # ( three digit code on back) \_\_\_\_\_

Card Holder (please print) \_\_\_\_\_

**\*Submit this Application, any necessary documents, photos and payment to:**

ISCET Program Approval  
 3608 Pershing Ave.  
 Fort Worth, TX 76107-4527

Application Check List

- \_\_\_\_ Application Completely filled out
- \_\_\_\_ Additional Information sheets as needed
- \_\_\_\_ Instructor resumes
- \_\_\_\_ Photos of facilities
- \_\_\_\_ Payment

\*List only the items that have changed since original application.

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 Publisher \_\_\_\_\_ Year of Publication \_\_\_\_\_ ISBN # \_\_\_\_\_  
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Description \_\_\_\_\_
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Description \_\_\_\_\_
- 5) \_\_\_\_\_ Age \_\_\_\_\_  
Description \_\_\_\_\_

**Instructor Resumes**

\*Attach resumes for all instructors that will be responsible for teaching this course.

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_

**Former Student References**

\*List an additional student who has completed this course since last renewal.

Name \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Phone # \_\_\_\_\_