**APPLICATION FOR ACCREDITATION**

**MEDIUM/HEAVY TRUCK**

**NOTE:** This application is to be used for initial or renewal of accreditation. A separate Application for Accreditation must be completed for each program requesting accreditation.

**INSTITUTION:**

|  |
| --- |
|  |

Name

|  |
| --- |
|  |

Program

|  |
| --- |
|  |

Street (physical address of the program)

|  |  |  |
| --- | --- | --- |
|  |  |  |

City State Zip

|  |  |  |
| --- | --- | --- |
|  |  |  |

Telephone Program Website

**ADMINISTRATOR OF THE INSTITUTION:**

|  |  |
| --- | --- |
|  |  |

Name Title

|  |  |
| --- | --- |
|  |  |

Telephone E-mail

**PERSON RESPONSIBLE FOR COORDINATION OF SELF-EVALUATION:**

|  |  |
| --- | --- |
|  |  |

Name Title

|  |  |
| --- | --- |
|  |  |

Telephone E-mail

**ACCOUNTS PAYABLE CONTACT:**

|  |  |
| --- | --- |
|  |  |

Name Title

|  |  |
| --- | --- |
|  |  |

Telephone E-mail

**TYPE OF ACCREDITATION**

**Initial Accreditation Renewal of Accreditation**

**Please indicate which of the following three accreditation levels your program will be applying under:**

**Inspection, Maintenance, & Minor Repair**

**Truck Services Technology**

**Master Truck Service Technology**

**LEVEL OF PROGRAM BEING EVALUATED:**

Secondary  Post-Secondary  Secondary & Post-Secondary

**ADDITIONAL INFORMATION - SECONDARY PROGRAMS**

Secondary programs that successfully achieve accreditation are now eligible to offer the student career readiness model to their automotive students. Visit [www.ASEeducationfoundation.org](http://www.ASEeducationfoundation.org) for all the details.

**PROGRAM HOURS**

Record the number of hours of instruction in the laboratory or shop and in the classroom for the level in which program accreditation is being requested.

***Note: The ‘Work-based Learning’ and ‘E-Learning’ columns are designated for programs that will be using those hours to meet up to 25% of the minimum hour requirement for the level of accreditation being sought. If the program will not be using Work-based learning or***

***E-learning to meet hour requirements please leave blank.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACCREDITATION LEVEL** | **LAB/SHOP** | **CLASSROOM** | **Standard 11**  **Work-based**  **Learning** | **Standard 12**  **E-learning** | **= PROGRAM TOTAL** |
|  |  |  |  |  |  |
| **Inspection, Maintenance, & Minor Repair** |  |  |  |  | 0 |
|  |  |  |  |  |  |
| **Truck Service Technology** |  |  |  |  | 0 |
|  |  |  |  |  |  |
| **Master Truck Service Technology** |  |  |  |  | 0 |

**\*Provide hours only for the level of accreditation in which you are applying for at this time.**

**MEDIUM/HEAVY TRUCK PROGRAM EVALUATION SHEET**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STANDARD 1 – PURPOSE** | | | | | | | |
|  | | | | | | | |
| 1.1 Employment Potential | | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
|  | | | | | | | |
| 1.2 Program Description/Goals | | | | | | | |
| 1. (1) 1 2 3 4 5 | | |  | N/A | | | |
| (2) 1 2 3 4 5 | | |  | | | | |
| (3) 1 2 3 4 5 | | |  | | | | |
| (4) 1 2 3 4 5 | | |  | N/A | | | |
| (5) 1 2 3 4 5 | | |  | | | | |
| (6) 1 2 3 4 5 | | |  | | | | |
|  | | |  | | | | |
| **STANDARD 1 AVERAGE SCORE (as many as 8 ITEMS)** | | | | | | |  | | |
|  | | | | | | | |
| **STANDARD 2 – ADMINISTRATION** | | | | | | | |
|  | | | | | | | |
| 2.1 Student Competency Certification | | | | | | | |
|  | Yes No | | | | | | |
|  | | | | | | | |
| 2.2 Chain of Command | | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
|  | | | | | | | |
| 2.3 Administrative Support | | | | | | | |
| 1. 1 2 3 4 5 | | |  | N/A | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
|  | | | | | | | |
| 2.4 Written Policies | | | | | | | |
| 1. Yes No | | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
|  | | | | | | | |
| 2.5 Customer Vehicles | | | | | | | |
| 1. 1 2 3 4 5 | | |  | N/A | | | |
| 1. 1 2 3 4 5 | | |  | N/A | | | |
|  | | |  | | | | |
| 2.6 Legal Requirements | | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
|  | | |  | | | | |
| 2.7 First Aid | | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | | |
| **STANDARD 2 AVERAGE SCORE (as many as 13 ITEMS)** | | | | | | |  | | |
|  | | | | | | | |
| **STANDARD 3 – LEARNING RESOURCES** | | | | | | | | | |
|  | | | | | | |
| 3.1 Service Information | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | |
| 1. 1 2 3 4 5 | | |  | | | |
|  | | |  | | | |
| 3.2 Multimedia | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | |
| 1. 1 2 3 4 5 | | |  | | | |
|  | | |  | | | |
| 3.3 Periodicals | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | |
|  | | | | | | |
| 3.4 Student Resources | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | |
|  | | | | | | |
| **STANDARD 3 AVERAGE SCORE (6 ITEMS)** | | | | | |  | | | |
|  | | | | | | |
| **STANDARD 4 – FINANCES** | | | | | | |
|  | | | | | | |
| 4.1 Budget | | | | | | |
| 1. 1 2 3 4 5 | | |  | | | |
| 1. 1 2 3 4 5 | | |  | | | |
| 1. 1 2 3 4 5 | | |  | | | |
| 1. 1 2 3 4 5 | | |  | | | |
|  | | | | | | |
| **STANDARD 4 AVERAGE**  **(4 ITEMS)** | | | | | |  | | | |

|  |  |
| --- | --- |
|  | |
| **STANDARD 5 – STUDENT SERVICES** | | |
|  | |
| 5.1 Learning Assessment | |
| 1. 1 2 3 4 5 |  |
| 1. 1 2 3 4 5 |  |
| 1. 1 2 3 4 5 |  |
|  |  |
| 5.2 Pre-admission Counseling | |
| 1. 1 2 3 4 5 |  |
|  |  |
| 5.3 Placement | |
| 1. 1 2 3 4 5 |  |
|  | |
| 5.4 Annual Follow-up | |
| 1. 1 2 3 4 5 |  |

|  |
| --- |
| **5.4 Annual Follow-up (cont.)** |

|  |  |  |
| --- | --- | --- |
| 1. 1 2 3 4 5 | |  |
| 1. (1) 1 2 3 4 5 |  | |
| (2) 1 2 3 4 5 | |  |
| (3) 1 2 3 4 5 | |  |
| 1. 1 2 3 4 5 | |  |
| 1. 1 2 3 4 5 | |  |
|  | | |

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| --- | --- |
| **STANDARD 5 AVERAGE SCORE**  **(12 ITEMS)** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **STANDARD 6 – ADVISORY COMMITTEE** | | | | | | |
|  | | | | | |
| **6.1 Membership** | | | | | |
|  | **Yes** **No** | | | | |
| 1. 1 2 3 4 5 | | |  | | |
| 1. 1 2 3 4 5 | | |  | | |
|  | | | | | |
| 6.2 Review of Budgeted Funds | | | | | |
| 1. 1 2 3 4 5 | | |  | | |
| 1. 1 2 3 4 5 | | |  | | |
|  | | | | | |
| 6.3 Annual Follow-up | | | | | |
|  | Yes No | | | | |
|  | | | | | |
| 6.4 Review of Curriculum | | | | | |
| 1. 1 2 3 4 5 | |  | | | |
|  | | | | | |
| 6.5 Evaluation of Instruction, tools, etc. | | | | | |
| 1. 1 2 3 4 5 | |  | | | |
| 1. 1 2 3 4 5 | |  | | | |
|  | Yes No | | | | |
| 1. 1 2 3 4 5 | |  | | N/A | |
|  | | | | | |
| **STANDARD 6 AVERAGE SCORE (as many as 8 ITEMS)** | | | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STANDARD 7 – INSTRUCTION** | | | | | | |
|  | | | | | | |
| 7.1 Program | | | | | | |
| 1. 1 2 3 4 5 | | | |  | | |
|  | | | |  | | |
| 7.2 Student Training Plan | | | | | | |
| 1. 1 2 3 4 5 | | | |  | | |
|  | | | |  | | |
| 7.3 Preparation Time | | | | | | |
| 1. 1 2 3 4 5 | | | |  | | |
|  | | | | | | |
| 7.4 Teaching Load | | | | | | |
| 1. 1 2 3 4 5 | | | |  | | |
| 1. 1 2 3 4 5 | | |  | | | |
| **7.5 Curriculum** | | | | | |
| **A.** | **95% - P1** | **70% -**  **P2** | | | **25% - P3** |
| **IMMR** |  |  | | |  |
| **TST** |  |  | | |  |
| **MTST** |  |  | | |  |
|  | | | | | |
| **B.** |  | | | | |
| **IMMR** | **Yes**  **No** | | | | |
| **TST** | **Yes  No** | | | | |
| **MTST** | **Yes  No** | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. (1) 1 2 3 4 5 | |  | | | | |
| (2) 1 2 3 4 5 | |  | | | | |
| (3) 1 2 3 4 5 | |  | | | | |
| (4) 1 2 3 4 5 | |  | | | | |
| (5) 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 7.6 Student Progress | | | | | | |
| 1. 1 2 3 4 5 | | | |  | | |
|  | | | |  | | |
| 7.7 Performance Standards | | | | | | |
|  | Yes No | | | | | |
| 1. 1 2 3 4 5 | | | |  | | |
| 1. 1 2 3 4 5 | | | |  | | |
|  | | | | | | |
| 7.8 Safety Standards | | | | | | |
|  | Yes No | | | | | |
|  | Yes No | | | | | |
| 1. 1 2 3 4 5 | | | |  | | |
|  | | | | | | |
| * 1. Personal Standards | | | | | | |
| 1. (1) 1 2 3 4 5 | | | |  | | |
| (2) 1 2 3 4 5 | | | |  | | |
| (3) 1 2 3 4 5 | | | |  | | |
| (4) 1 2 3 4 5 | | | |  | | |
| (5) 1 2 3 4 5 | | | |  | | |
| (6) 1 2 3 4 5 | | | |  | | |
|  | | | |  | | |
| 7.10 Work Habits/Ethics | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 7.11 Provisions for Individual Differences | | | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 7.12 Related Instruction | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | N/A | |
|  | | | | | | |
| 7.13 Testing | | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
|  | | | | | | | |
| 7.14 Evaluation of Instruction | | | | | | | |
|  | Yes No | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
|  | | | | | | | |
| 7.15 On-Vehicle Service and Repair Work | | | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
| 1. (1) 1 2 3 4 5 | | |  | | | | |
| (2) 1 2 3 4 5 | |  | | | | | |
| 1. 1 2 3 4 5 | |  | | | | | |
|  | | | | | | | |
| 7.16 Articulation | | | | | | | |
| 1. 1 2 3 4 5 | |  | | | N/A | | |
|  | | | | | | | |
| **STANDARD 7 AVERAGE SCORE (as many as 40 ITEMS)** | | | | | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STANDARD 8 – EQUIPMENT** | | | | |
|  | | | | |
| **8.1 Safety** | | | | |
|  | **Yes No** | | | |
|  | **Yes No** | | | |
|  | | | | |
| 8.2 Quantity and Quality | | | | |
| 1. 1 2 3 4 5 | |  | | |
| 1. 1 2 3 4 5 | |  | | |
| 1. 1 2 3 4 5 | |  | | |
|  | | | | |
| 8.3 Consumable Supplies | | | | |
| 1. 1 2 3 4 5 | |  | | |
|  | | | | |
| 8.4 Preventive Maintenance | | | | |
| 1. 1 2 3 4 5 | |  | | |
|  | |  | | |
| 8.5 Replacement | | | | |
| 1. 1 2 3 4 5 | |  | | |
|  | | | | |
| 8.6 Tool Inventory and Distribution | | | | |
| 1. 1 2 3 4 5 | |  | | |
|  | | | | |
|  | | | | |
|  | | | | |
| 8.7 Parts Purchasing | | | | |
| 1. 1 2 3 4 5 | |  | N/A | |
| 1. 1 2 3 4 5 | |  | N/A | |
|  | | | | |
| 8.8 Hand Tools | | | | |
| 1. 1 2 3 4 5 | |  | | |
| 1. 1 2 3 4 5 | |  | | |
|  | | | | |
| **STANDARD 8 AVERAGE SCORE (as many as 11 ITEMS)** | | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STANDARD 9 – FACILITIES** | | | | | | |
|  | | | | | | |
| 9.1 Training Stations | | | | | | |
| 1. (1) 1 2 3 4 5 | | |  | | | |
| (2) 1 2 3 4 5 | | |  | | | |
|  | | | | | | |
| 9.2 Safety | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 12 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 9.3 Emergency Maintenance & Repair | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 9.4 Housekeeping | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 9.5 Office Space | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 9.6 Instructional Area | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 9.7 Storage | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | N/A | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 9.8 Support Facilities | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 9.9 Ventilation | | | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
| 1. 1 2 3 4 5 | |  | | | | |
|  | | | | | | |
| 9.10 First Aid | | | | | | |
| 1. 1 2 3 4 5 |  | | | | N/A | |
| 1. 1 2 3 4 5 |  | | | | N/A | |
| 1. 1 2 3 4 5 |  | | | | N/A | |
|  | | | | | | |
| **STANDARD 9 AVERAGE SCORE (as many as 26 ITEMS)** | | | | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STANDARD 10 – INSTRUCTIONAL STAFF** | | | | | | |
|  | | | | |
| 10.1 Technical Competency – Instructor | | | | |
|  | | | | |
| 1. **All Program Instructors** | | | | |
| **1.** | **Yes No** | | | |
| **2.** | **Yes No** | | | |
| **3.** | **Yes No** | | | |
|  | | | | |
| **B. IMMR Instructors** | | | | |
| **1.** | **T-2 T-3 T-5 T-7** | | | |
|  | | | | |
| **C. TST & MTST Program Instructors** | | | | |
| **Yes No** | | | | |
|  | | | | |
| D.  Yes No | | | | |
|  | | | | |
| 10.2 Instructional Competency/Certifications | | | | | |
| 1. 1 2 3 4 5 | | |  | |
|  | | | | |
| 10.3 Technical Updating | | | | |
| 1. 1 2 3 4 5 | | |  | |
| **B.** | | **Yes No** | | |
|  | | | | |
| 10.4 Substitutes | | | | |
| A. | | Yes No | | |
|  | | | | |
| **STANDARD 10 AVERAGE SCORE (2 ITEMS)** | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STANDARD 11 – WORKBASED LEARNING** | | | | | | |
|  | | | | |
| *Work-based Learning* | | *Yes* *No* | | |
|  | | | | |
| 11.1 Standards | | | | |
| 1. 1 2 3 4 5 |  | | N/A | |
|  | | | | |
| 11.2 Agreements | | | | |
| 1. 1 2 3 4 5 |  | | N/A | |
|  | | | | |
| 11.3 Supervision | | | | |
| 1. 1 2 3 4 5 |  | | N/A | |
|  | | | | |
| **STANDARD 11 AVERAGE SCORE (as many as 3 ITEMS)** | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STANDARD 12 – E-LEARNING** | | | | | |
|  | | | | | |
| *E-Learning* | | *Yes* *No* | | | |
|  | | | | | |
| **12.1 Access** | | | | | |
|  | **Yes** **No** | | **N/A** | | |
|  | | | | | |
| **12.2 Curriculum and Student Progress** | | | | | |
|  | **Yes No** | | | **N/A** | |
| **B.** | **Yes No** | | | **N/A** | |
| **C.** | **Yes No** | | | **N/A** | |
| **D.** | **Yes No** | | | **N/A** | |
|  | | | | | |
| **12.3 Advisory Committee Input** | | | | | |
|  | **Yes No** | | | **N/A** | |
|  | | | | | |
| **STANDARD 12**  **Number of ‘Yes’ Responses**  **(as many as 6 ITEMS)** | | | | |  | |

**ON-SITE EVALUATION TEAM MEMBER LIST**

**Medium/Heavy Truck Accreditation**

**NOTE:** There must be one evaluation team member from a dealership, one evaluation team member from an independent repair facility, and one from either a dealership, independent repair facility, or current advisory member. A maximum of one current advisory committee member that has not participated in the program self-evaluation may be selected. A fourth alternate team member (dealership or independent repair facility) must be identified for an initial accreditation. See the "Qualifications of On-site Evaluation Teams Members" section for selection criteria.

**Team members for the on-site visit must not be former instructors or graduates of the program within the past three years. Relatives of the administrator or instructor may not serve as a team member.**

1. **TEAM MEMBER FROM DEALERSHIP:**

|  |
| --- |
|  |
| Name |
|  |
| Position (Title) |
|  |
| Company Name |
|  |
| Company Address |
|  |
| Phone Number |

Years of hands-on medium/heavy truck experience:

High school graduate or equivalent: YES NO

ASE Medium/Heavy Truck Certifications (recommended):

|  |
| --- |
|  |

**2. TEAM MEMBER FROM INDEPENDENT REPAIR FACILITY:**

|  |
| --- |
|  |
| Name |
|  |
| Position (Title) |
|  |
| Company Name |
|  |
| Company Address |
|  |
| Phone Number |

Years of hands-on medium/heavy truck experience:

High school graduate or equivalent: YES NO

ASE Medium/Heavy Truck Certifications (recommended):

|  |
| --- |
|  |

**3. TEAM MEMBER FROM DEALERSHIP, INDEPENDENT REPAIR FACILITY, OR ADVISORY COMMITTEE MEMBER:**

|  |
| --- |
|  |
| Name |
|  |
| Position (Title) |
|  |
| Company Name |
|  |
| Company Address |
|  |
| Phone Number |

**Advisory Committee Member YES NO**

Years of hands-on medium/heavy truck experience:

High school graduate or equivalent: YES NO

ASE Medium/Heavy Truck Certifications (recommended):

|  |
| --- |
|  |

**4. ALTERNATE TEAM MEMBER – Initial Accreditation Only**

**(DEALERSHIP OR INDEPENDENT REPAIR FACILITY):**

|  |
| --- |
|  |
| Name |
|  |
| Position (Title) |
|  |
| Company Name |
|  |
| Company Address |
|  |
| Phone Number |

Years of hands-on medium/heavy truck experience:

High school graduate or equivalent: YES NO

ASE Medium/Heavy Truck Certifications (recommended):

|  |
| --- |
|  |

**2018 MEDIUM/HEAVY TRUCK INSTRUCTOR QUALIFICATION SHEET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor** |  | **ASE ID# (required)** |  |

(please print or type) (as it appears on your certificate)

**Are you a new instructor with the program?** **No** **Yes - Hire Date:**

**Please indicate the level of accreditation being sought:**

**Inspection, Maintenance, & Minor Repair**  **Truck Service Technology**  **Master Truck Service Technology**

|  |  |  |
| --- | --- | --- |
| **Current ASE Certifications:** |  | **Valid Until** |
| **T-2 Diesel Engines** |  |  |
| **T-3 Drive Train** |  |  |
| **\* T-4 Brakes** |  |  |
| **T-5 Suspension & Steering** |  |  |
| **\* T-6 Electrical/Electronic Systems** |  |  |
| **T-7 Heating, Ventilation, & Air Conditioning** |  |  |
| **\* T-8 Preventive Maintenance Inspection** |  |  |

***\*Indicates instructor certifications required for ALL medium/heavy truck program instructors.***

**TST & MAST programs must indicate areas being taught by this instructor**

Diesel Engines

Drive Train

Brakes

Suspension & Steering

Electrical/Electronic System

Heating, Ventilation, and Air Conditioning

Preventive Maintenance Inspection

**All levels of accreditation require instructors to hold current ASE certification in Brakes – T4, Electrical/Electronic Systems – T6, and Preventive Maintenance Inspection – T8**

**INSTRUCTOR TRAINING FORM**

**ALL instructors** are required to attend a minimum of 20 hours of recognized automotive [industry technical update training](http://www.natef.org/About-NATEF/FAQs.aspx) each year that is relevant to their program. Please list all industry update training for the past year. Use a separate page for each instructor and attach to appropriate Instructor Qualification Sheet.

**NOTE:** Educational courses to fulfill state teacher licensure requirements, professional improvement and/or in-service activities do not count as industry update training. Hours spent working in the industry may not be applied.

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| **Instructor:** |  |

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| Date of Training | Training Provider/Company | Course Title | Online or Class | Hours |
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**ADVISORY COMMITTEE LIST**

Please list the names of **all** members of the Program Advisory Committee and indicate the category that each represents (a minimum total of five (5) members is required). Instructors and administrators of the program are **not** eligible to be advisory committee members. Committee members should represent a broad cross-section of the local industry in the area the program serves. Possible categories that advisory committee members might represent are:

Medium/Heavy Truck Technicians Local Employers

Consumer Groups Former Students

Parents Automotive Trainers

**NAME** **CATEGORY REPRESENTED**

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**(ADD MORE SHEETS IF NECESSARY TO INCLUDE FULL COMMITTEE)**

**ADVISORY COMMITTEE MEMBERS**

***The following Advisory Committee members support this program’s efforts to become an ASE Accredited training program.***

|  |  |  |
| --- | --- | --- |
| **Type or print name** |  | **Signature** |
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***By signing below, both the Program Administrator and Program Instructor certify that the information provided within this application is true and correct. Furthermore, it is also understood that all expenditures incurred for the on-site evaluation will be paid by the medium/heavy truck program or institution requesting accreditation.***

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Administrator Signature Printed/Typed Name Date

|  |  |  |
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Instructor Signature Printed/Typed Name Date

**Note: Programs submitting their application electronically, must agree to the following statement:**

By submitting this application electronically, I certify that the information I have provided on this application is true and correct. By checking the “Yes” box below, I am “signing” the application. Furthermore, by typing in names where signatures are required, I agree that a complete paper copy of the application with signatures (Institution Administrator, Program Instructor, and Advisory Committee Members) is available upon request.

|  |  |
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|  | Yes, I agree to the above statement |
|  | N/A (submitting signed application through mail) |

**APPLIED ACADEMIC SKILLS RECOGNITION (OPTIONAL)**

* *Note: For more information, refer to the Applied Academic Recognition* *page in the Policies Section of the Program Standards.*

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Program Name

Medium/Heavy Truck Instructor(s) to be recognized:

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Academic areas and instructors to be recognized:

|  |  |
| --- | --- |
| English Instructor: |  |
| Mathematics Instructor: |  |
| Science Instructor: |  |

Please answer 1-6 and attach in separate document.

1. Briefly describe the coordination between the medium/heavy truck program and the academic department(s) for planning, developing, and teaching integrated academic skills to automotive technician students.

2. How often do the automotive and academic instructors meet to plan and coordinate classroom activities?

3. Do automotive and academic instructor teams teach automotive students? If so, describe the activities and responsibilities of the instructors.

4. Are automotive and academic instructors actively involved with automotive student organizations, activities, or competitions? If so, describe the activities.

5. Are students given academic credit for their technical classes?

6. If applicable, describe how the *Applied Academic Skills* manual for Medium/Heavy Truck Technicians was used to integrate academic and technical skills student activities.

**PAYMENT WORKSHEET**

Please include the following applicable fees with your medium/heavy truck accreditation

application. Payment must be included for your application to be processed. Forms of payment include purchase order, check made out to the ASE Education Foundation, or credit card (MC/VISA, or American Express). Please indicate method of payment below.

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|  | | |
| School Name | | |
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| School Address | | |
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| City | State | Zip Code |

Initial Accreditation Renewal of Accreditation

Base Accreditation Fee  $950.00  $850.00

Manufacturer Specific (if applicable):  $475.00\*  $425.00\*

*\*This fee is in addition to the Base Accreditation fee. If submitting multiple applications at the same time (GM ASEP, Toyota T-TEN, etc.) this fee must be included.*BD14538_

Method of payment

Purchase Order  *please include copy of PO*

Check

MasterCard/Visa/AMEX

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| Exp. Date (MM/YYYY) |
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| Name as it appears on card |
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| Cardholder Email Address |

***NOTE:*** *Payment of the ETL honorarium and the ETL expenses must be made directly to the ETL. Payment or arrangements for payment must be made at the time of*

*the on-site visit. Do not send ETL payments to the ASE Education Foundation.*