



Professional Development Program (PDP) – Course Proposal

Name of Provider _____

Proposal Contact _____

Position Title _____

Mailing Address _____

Office Telephone () _____

Fax () _____

E-Mail _____

Website _____

PROGRAM IMPLEMENTATION

Program is currently in place and ready for enrollment of students: () Yes () No

If no, when will the program be ready? (Specify month and year) _____

AVIATION/BUSINESS MANAGEMENT PROGRAM

Course Name: _____

Course Number: _____

Title of Program (if applicable): _____

List other aviation management courses or degrees offered: _____

PROPOSAL AUTHORIZATION

Date of Submission

Typed Name

Title

Authorized Signature

PLEASE SUBMIT FORM TO:

National Business Aviation Association
Molly Hitch
1200 G Street NW, Suite 1100
Washington, DC 20005
(202) 783-9353
Fax: (202) 478-0035
E-mail: mhitch@nbaa.org

COURSE OFFERINGS

INSTRUCTIONS

These forms are designed around the five domains of the PDP learning objectives with the subtopics specified. In completing the forms, please show the estimated contact hours of instruction for each topic. If the course is offered in a nontraditional format with no instructional hours, show suggested study hours. If a topic is not covered in that course, leave it blank or insert an asterisk and explain in the Remarks Section. In continuing education courses, each PDP objective must be covered in its entirety in a single course and not split between courses.

Within the course material, identify **EACH** objective and sub-objective code in the left margin of the course material at the point where the objective/sub-objective is covered. For example, "L1-A for objective Leadership 1 and sub-objective A, should be annotated in the course material, i.e., books, pamphlets and papers.

Required Course Submission Information

- Course Review Form (Form A)
- Course Information Form (Form B)
- Course Syllabus, Outline or Schedule
- Any and all documents the attendee/student will have (powerpoint, workbook, worksheet, etc.)

For each course you are asking to be PDP-approved, it is recommended that the provider elaborate upon the methods and materials employed. The more detailed and clearly presented the syllabus, the easier it is for those reviewing to observe what the course covers, how it will be accomplished and how it correlates to business aviation.

Provide information on course goals and performance objectives and attach other pertinent information which would be useful in considering this proposal, such as program brochures, samples of video courses, course outlines, etc. Please submit proposals in an electronic format where possible. NBAA will keep this information secure as we review the documents.

Delivery Formats

For completing the Course Information Form refer to the following delivery format terms:

- | | |
|--|--|
| • Traditional | • Nontraditional |
| 1. On-campus day/evening | 6. Videos (live or cable) |
| 2. On-campus weekend (1-2 days) | 7. Correspondence |
| 3. On-campus short courses (1-5 days) | 8. Computer-based instruction (CBI) |
| 4. Off-campus weekend (1-2 days) | 9. Internet |
| 5. Off-campus short courses (1-5 days) | 10. NBAA Convention or Seminar courses |

Provider: _____

FORM A – Course Review Form
COURSE NAME: _____

COURSE NUMBER (If Applicable): _____

PDP Objective (1)	Contact Hours (2)	Student Study Hours (2)	% Coverage of Sub-Objectives (3)	Page # & text for source document (4)	Remarks
Sub-Objectives (1)					
Total:					
Remarks:					

1. Refer to PDP objectives and sub-objectives using letters and numbers, e.g. BM1-A, BM1-Sc, the sub-objectives that represent skills place an “S” before the objective letter
2. Start from the top of the sub-objectives and work down when filling out Form A, e.g., A, B, C, etc.
3. List class hours for traditional courses, estimated student study hours for non-traditional courses.
4. Estimate % coverage of all sub-objectives under objective. Please explain anything less than 100%.
5. Reference where on attached syllabus the topic is covered e.g., “day two @ 9:30” or “unit 3A & Unit 5-C.”

Provider: _____

FORM B – Course Information

(Copy this form for additional courses.)

Course Name: _____

Course Number: _____ PDP Objective(s) Covered in Course: _____

Overview of Course: _____

Course Delivery Format(s) (see page 2): _____

Course Text/Resources: _____

Supplemental Materials: _____

What materials are issued to student: _____

Total Contact Hours: _____ Total Student Study Hours: _____

Course Credit - Credit: _____ CEU: _____ Course Cost: _____

How course is packaged (i.e., 2 DVDs, 3 weekends, 1 lecture with workbook): _____

How course completion is determined (i.e., final exam, attendance, participation, projects): _____

Comments: _____

**Please submit a 1-2 page course syllabus or outline with the completed application along with all accompanying materials the student/course participant will have access to (e.g., Workbook, worksheets, PowerPoint, etc.).