**INSTRUCTIONS FOR PROGRAM EVALUATION & APPLICATION - 2024**

**INITIAL AND RENEWAL ACCREDITATION**

**\*The program evaluation and application process is the same for both Initial Accreditation and Renewal of Accreditation**

1. Review the **Program Standards** regarding all requirements and materials for accreditation. Compile supporting documentation on each of the standards. It is required that a school administrator participate in the evaluation process.
2. Initial Accreditation:

 Identify an individual to coordinate the program evaluation. The person responsible for coordinating the program evaluation should meet with 3-4 Advisory Committee members from industry interested in conducting the self-evaluation. Additional participants might be instructors, additional Advisory Committee members, school counselors, etc.

 Renewal of Accreditation:

The Evaluation for Accreditation Renewal requires a minimum of (4) Advisory Committee members from industry participate in the evaluation process and review of the program standards. An individual from the program should be identified to coordinate the accreditation process.

1. The advisory committee will use the Program Evaluation Forms when conducting its review.The group may choose to divide the responsibilities for reviewing each of the standards.
2. The committee will need to observe the program's operations, curriculum, facilities and equipment, and hold discussions with staff and administration.
3. When completing the Automobile Program Evaluation, responses should be rated on a 1-5 point scale (except for the items which request a percent, a number, or a yes/no, or N/A response). When rating items, document the location of the information used to justify the score (brochure, faculty handbook, Advisory Committee meeting minutes, budget reports, etc.). If an item is rated below a 4, an explanation of the rating and recommended improvement should be provided.
4. After the advisory committee completes the Automobile Program Evaluation forms, the group should meet to discuss their individual ratings. The scores of each item rated by more than one person should be averaged by adding all scores on each item and dividing by the number of responses. The results must be recorded on the Automobile Program Evaluation Summary Sheets contained in the Accreditation Application.
5. Transfer the average score for each standard from the Program Evaluation form to the Application Program Evaluation Summary Sheet. **\*If you are completing the Application, you should be on this step\***
6. Send the following items to the ASE Education Foundation (keep a copy for your records):

**The Application for Accreditation includes:**

* School & Program Identifying Information
* Program Evaluation Summary Sheet (ratings summary)
* On-Site Evaluation Team Member List
* Instructor Qualification Sheets & Instructor Update Training Forms
* Advisory Committee List
* Automobile Program Evaluation Participants List **(must be signed by each participant)**
* Integrated Academic Skills Recognition Forms (optional)
* Payment Worksheet—Purchase Order, Check, or Credit Card Authorization for the Base Application Fee and additional fees as applicable (application(s) will not be processed until payment is received)
1. **The on-site evaluation team will use the Program Evaluation Form when conducting its review. They will evaluate all compiled documentation to validate averages given by the advisory committee’s evaluation and to conduct their own evaluation of the program.**

Please review the Process Overview located in the Procedures section of the Program Standards for additional information. The Program Standards can be found on our website at [ASEeducationfoundation.org](http://www.ASEeducationfoundation.org).

**Visit the ASE Education Foundation’s website at ASEeducationfoundation.org for more information on Advisory Committee tasks, program evaluation information, and suggested documentation.**

**On-Site Evaluation Information**

**Initial Accreditation:**

In its review, the on-site evaluation team for Initial Accreditation will rate the identical items as on the Automobile Program Evaluation form. Please refer to the Process Overview in the Procedures section and the Automobile Program Requirements in the Policies section for additional information.

**Renewal of Accreditation:**

For Accreditation Renewal, the on-site evaluation team will only rate Standards 6, 7, 8, 9 and 10 (and Standards 11/12 if applicable) unless the program’s evaluation average by the Advisory Committee on one or more of Standards 1 - 5 was less than 4. Please refer to the Process Overview in the Procedures section and the Automobile Program Requirements in the Policies section for additional information.

Evaluation Teams are valuable assets to programs seeking accreditation. They provide a link between the program and the ASE Education Foundation office. Once an Evaluation Team Leader (ETL) is assigned to a program, the program coordinator should contact the ETL. In addition to arranging dates for the on-site evaluation, the ETL must be consulted prior to the evaluation for guidance on preparation, space requirements, etc. that will facilitate the process. Most importantly, the ETL should be viewed as a resource prepared to assist programs in the accreditation process. It is essential the evaluation team has access to all information and reference materials necessary to complete the evaluation of each standard. **Documentation should be organized and labeled by each standard.**

The on-site evaluation must be conducted while classes and labs are in session. The evaluation team will tour classrooms and the lab/shop areas during instructional periods. They will need to evaluate the curriculum, tools and equipment, space, storage areas, etc. The evaluation team will make every effort to conduct its evaluation with as little disruption to classroom and lab/shop activities as possible. In addition, the evaluation team will conduct a survey of employers of program graduates. **Prior to the on-site date, provide the ETL** with a list of six individuals who have completed the program within the last three years and are employed locally at different automotive related facilities. Using the Program Graduate Employer Survey Form include the name of the graduate, his/her supervisor and the address and phone number of the place of employment. The ETL will select a minimum of three employers to survey during the evaluation. The program instructor or administrator must contact the employers prior to the on-site visit informing the employer a representative from the ASE Education Foundation will be in contact with them regarding the graduate or intern.

Upon completion of the on-site evaluation, the ETL will review general program strengths and recommendations for improvement with instructors and administrators. The evaluation team does not have the authority to indicate if the program will be accredited. The ASE Education Foundation will notify the program contacts after all evaluation materials have been reviewed and a determination on accreditation has been made.

**APPLICATION FOR ACCREDITATION - 2024**

**AUTOMOBILE**

**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, e.g., Ford ASSET, GM ASEP, Toyota T-TEN etc.

**INSTITUTION:**

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|       |

 Name

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| --- |
|       |

 Program

|  |
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|       |

 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

**ACCREDITATION LEVEL APPLYING FOR:**

**[ ]  Maintenance & Light Repair**

 [ ]  **Automobile Services Technology**

**[ ]  Master Automobile Service Technology**

**LEVEL OF PROGRAM BEING EVALUATED:**

[ ]  Secondary [ ]  Post-Secondary [ ]  Secondary & Post-Secondary (Dual Enrollment)

**ADOPT-A-SCHOOL**

Programs that need to develop more community support should see the Adopt-A-School information - visit [Adopt-A-School Information](https://www.aseeducationfoundation.org/adoptaschool) for details.

**PROGRAM HOURS**

Enter the number of hours of instruction in the laboratory/shop and classroom for the entire length of the program.

***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** |
| **Maintenance & Light Repair** |       |       |       |       | 0 |
| **Automobile Service Technology** |       |       |       |       | 0 |
| **Master Automobile Service Technology** |       |       |       |       | 0 |

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

**AUTOMOBILE PROGRAM EVALUATION SHEET - 2024**

|  |
| --- |
| **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 2 3 4 5
 |       |
|  |  |
| **STANDARD 1 AVERAGE SCORE** **(3 ITEMS)** |  |

|  |
| --- |
| **STANDARD 2 – ADMINISTRATIVE PROGRAM SUPPORT** |
|  |
| 2.1 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
 |       |
|  |
| 2.2 Written Policies |
| 1. [ ] Yes [ ] No
 |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
|  |
| 2.3 Provisions for Individual Differences |
| 1. 1 2 3 4 5
 |       |
|  |
| **STANDARD 2 AVERAGE SCORE** **(as many as 10 ITEMS)** |  |

|  |
| --- |
| **STANDARD 3 – LEARNING RESOURCES** |
|  |
| 3.1 Service Information |
| 1. 1 2 3 4 5
 |       |
|  |  |
| 3.2 Multimedia  |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
|  |  |
| 3.3 Student Resources |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
|  |
| **STANDARD 3 AVERAGE SCORE (5 ITEMS)** |  |

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| --- |
| **STANDARD 4 – FUNDING** |
|  |
| 4.1 Funding |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
|  |
| **STANDARD 4 AVERAGE** **(3 ITEMS)** |  |

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| --- |
| **STANDARD 5 – STUDENT SERVICES** |
|  |
| 5.1 Pre-Admission Program Advisement |
| 1. 1 2 3 4 5
 |       |
|  |  |
| 5.2 Placement |
| 1. 1 2 3 4 5
 |       |
|  |
| 5.3 Annual Graduate Follow-Up |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
| 1. (1) 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
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| 1. 1 2 3 4 5
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| 1. 1 2 3 4 5
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| **STANDARD 5 AVERAGE SCORE****(9 ITEMS)** |  |

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| **STANDARD 6 – ADVISORY COMMITTEE** |
|  |
| **6.1 Membership** |
| 1. **[ ] Yes [ ] No**
 |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
|   |
| 6.2 Review of Student Surveys |
| 1. 1 2 3 4 5
 |       |
|  |
| 6.3 Review of Program Funding |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
|  |
| 6.4 Review of Graduate Follow-Up and Employer Surveys |
| 1. 1 2 3 4 5
 |       |

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| **STANDARD 6 – ADVISORY COMMITTEE****\*Continued\*** |
|  |
| 6.5 Review of Course of Study |
| 1. 1 2 3 4 5
 |       |
|  |
| * 1. Review of Tools, Equipment, and Facilities
 |
| 1. 1 2 3 4 5
 |       |
| 1. [ ] Yes [ ] No
 |
|  |
| **STANDARD 6 AVERAGE SCORE (8 ITEMS)** |  |

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| **STANDARD 7 – INSTRUCTION** |
|  |
| 7.1 Program |
| 1. 1 2 3 4 5
 |       |
|  |  |
| 7.2 Preparation Time |
| 1. 1 2 3 4 5
 |       |
|  |
| 7.3 Teaching Load |
| 1. 1 2 3 4 5
 |       |
|  |
| **7.4 Course of Study** |
| **A.** | **90% - P1** | **75% - P2** | **50% - P3** |
| **MLR** |  |  |  |
| **AST** |  |  |  |
| **MAST** |  |  |  |
|  |
| 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
 |       |
|  |
| 7.5 Performance Standards and Student Progress |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
|  |
| **7.6 Safety Standards** |
|  | **[ ] Yes [ ] No** |
|  | **[ ] Yes [ ] No** |
|  |
|  |
|  |
|  |
| * 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 |       |
|  |
| 7.8 Work Habits/Ethics |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
|  |
| 7.9 Related Instruction |
| 1. 1 2 3 4 5
 |       |
|  |
| 7.10 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
 |       |
|  |
| 7.11 Evaluation of Instruction |
| 1. 1 2 3 4 5
 |       |
| 1. 1 2 3 4 5
 |       |
|  |
| 7.12 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
 |       |
|  |
| 7.13 Customer Vehicles |
| 1. 1 2 3 4 5
 |       | [ ] N/A |
| 1. 1 2 3 4 5
 |       | [ ] N/A |
|  |
| 7.14 Articulation |
| 1. 1 2 3 4 5
 |       | [ ] N/A |
|  |
| **STANDARD 7 AVERAGE SCORE (as many as 35 ITEMS)** |  |

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| --- |
| **STANDARD 8 – TOOLS & EQUIPMENT** |
|  |
| **8.1 Safety** |
|  | **[ ] Yes [ ] No** |
|  | **[ ] Yes [ ] No** |
|  |
|  |
|  |
|  |
|  |
| 8.2 Quantity and Quality |
|  | **[ ] Yes [ ] No** |
| 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 10 ITEMS)** |  |

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| --- |
| **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
 |       |
|  |
| 9.3 Facility Maintenance |
| 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
 |       |
|  |
| 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 |
|  |
| **STANDARD 9 AVERAGE SCORE (as many as 22 ITEMS)** |  |

|  |
| --- |
| **STANDARD 10 – INSTRUCTIONAL STAFF** |
|  |
| 10.1 Technical Competency |
|  |
| 1. **All Program Instructors**
 |
| **1.** | **[ ]  Yes [ ] No** |
| **2.** | **[ ]  Yes [ ] No** |
|  |
| **B. MLR Instructors** |
| **1.** | **[ ]  Yes [ ] No** |
| **2.** | **[ ]  Yes [ ] No** |
|  |
| **AST & MAST Program Instructors** |
| **C. [ ]  Yes [ ] No** |
| **D. [ ]  Yes [ ] No** |
|  |
| **MAST Program Instructors Only** |
| **E.** **[ ]  Yes** **[ ] No** |
| **F. [ ]  Yes [ ] No** |
|  |
| 10.2 Instructional Competency |
| 1. 1 2 3 4 5
 |       |
|  |
| 10.3 Technical Updating |
| 1. 1 2 3 4 5
 |       |
|  **B.** | **[ ]  Yes [ ] No** |
|  |
|  |
|  |
| 10.4 Substitutes |
| 1. 1 2 3 4 5
 |       |
|  |
| **STANDARD 10 AVERAGE SCORE (3 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**

**Automobile Accreditation**

**NOTE:** Team Members must have at least three years full-time experience as a general automobile technician and currently employed as an automotive technician, educator, trainer, field service engineer, OEM or aftermarket technical specialist, or automobile service facility manager or owner. Advisory committee members that **did not** participate in the program self-evaluation may be used. A fourth alternate team member must be identified for an initial accreditation. Manufacturer specific programs may use only team members from the respective manufacturer dealerships. 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 #1:**

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

 **Advisory Committee Member [ ] YES [ ] NO**

 Years of hands-on experience: Total automobile:

 ASE Automobile Certifications (recommended):

|  |
| --- |
|       |

**2. TEAM MEMBER #2:**

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

 **Advisory Committee Member [ ] YES [ ] NO**

 Years of hands-on experience: Total automobile:

 ASE Automobile Certifications (recommended):

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|       |

**3. TEAM MEMBER #3 – ALTERNATE TEAM MEMBER FOR RENEWAL:**

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

 **Advisory Committee Member [ ] YES [ ] NO**

 Years of hands-on experience: Total automobile:

 ASE Automobile Certifications (recommended):

|  |
| --- |
|       |

**4. ALTERNATE TEAM MEMBER – REQUIRED FOR INITIAL ACCREDITATION ONLY:**

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

 **Advisory Committee Member [ ] YES [ ] NO**

 Years of hands-on experience: Total automobile:

 ASE Automobile Certifications (recommended):

|  |
| --- |
|       |

**2024 AUTOMOBILE INSTRUCTOR QUALIFICATION SHEET**

**(an instructor qualification sheet MUST be completed for EACH instructor)**

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

 (please print or type instructor’s name) (as it appears on their certificate)

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

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

**Maintenance & Light Repair** [ ]  **Automobile Service Technology** [ ]  **Master Automobile Service Technology** [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current ASE Certifications:** | **Expiration Date** | **MLR** | **AST** | **MAST** |
| **A1 Engine Repair** |  |  | If taught | If taught |
| **A2 Automatic Transmission/Transaxle** |  |  | If taught | If taught |
| **A3 Manual Drive Train & Axles** |  |  | If taught | If taught |
| **A4 Suspension & Steering** |  | **Required** | If taught | If taught |
| **A5 Brakes** |  | **Required** | If taught | If taught |
| **A6 Electrical/Electronic Systems** |  | **Required** | **Required** | **Required** |
| **A7 Heating & Air Conditioning** |  |  | If taught | If taught |
| **A8 Engine Performance** |  |  | If taught | If taught |
| **G1 Auto Maintenance & Light Repair** |  | **Required\*** | **Required\*** | **Required\*** |
| **L1 Advanced Engine Performance** |  |  |  | If taught\* |
| **L3 Light Duty Hybrid/Electric Vehicles** |  |  |  | Recommended\*\* |
| **xEV Electrical Safety Level 2** |  |  |  | Recommended\*\* |

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

Engine Repair [ ]

Automatic Transmission/Transaxle [ ]

Manual Drive Train & Axles [ ]

Suspension & Steering [ ]

Brakes [ ]

Electrical/Electronic Systems [ ]

Heating and Air Conditioning [ ]

Engine Performance [ ]

Hybrid/Electric Vehicle Diagnosis & Repair [ ]

**\*G1 certification is not required for Instructor(s) holding ASE Master Automobile Certification Status in A1-A8.**

*\*\*ASE certification in A8 & L1 is required for MAST program instructors teaching Engine Performance*

*\*\*ASE certification in L3 is recommended for MAST program instructors teaching Hybrid/Electric Vehicle Diagnosis & Repair*

**INSTRUCTOR TRAINING FORM**

**ALL instructors** **are required to attend a minimum of 20 hours of recognized automotive industry technical update training each year that is relevant to their program.** Please list all relevant industry update training for the past year below. Note: educational courses to fulfill state teacher licensure requirements, professional improvement and/or in-service activities do not count as industry technical update training. Use a separate form for each 12-month period (calendar year or academic year).

**Hands-on Work Option:** Under specific conditions, automotive instructors may substitute ten (10) hours of documented hands-on work for one (1) hour of update training. See the Hands-on Work Report on the next page for full details and requirements.

|  |  |
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| Instructor’s Name |  |
| Date of Training | Training Provider/Company  | Course Title | Online or In Person | Hours |
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**HANDS-ON WORK REPORT FORM**

Automotive instructors may substitute ten (10) hours of documented hands-on work as a technician in a retail or fleet automotive repair business outside the school (e.g., part-time work or summer externship) for one (1) hour of automotive industry update technical training, up to a maximum of ten (10) hours of update technical training each year, toward the annual update training requirement. The work must be related to the areas they teach and take place in the same year for which substitute credit is sought. The ASE Education Foundation reserves the right to verify all hands-on work information reported and determine whether it meets all requirements.

If you wish to use hands-on work as a partial substitute for update technical training, complete the form below and have it signed by the business owner or manager. Use a separate form for each 12-month period (calendar year or academic year).

|  |  |
| --- | --- |
| Instructor’s Name |  |
| Business Name |  |
| Business Type | [ ]  Dealership [ ]  Independent Repair Shop [ ]  Retail Chain Store[ ]  Fleet Repair Shop [ ]  Other (please specify)  |
| Business Address |  |
| Business Phone No. |  |
| Owner/Manager’s Name |  |
| Owner/Manager’s Title |  |
| Dates worked |  |
| Describe the work performed (must be as a service technician, not parts counter, service writer, etc.) |  |
| Paid or Unpaid | [ ]  Paid [ ]  Unpaid |
| Total hours worked as a service technician |  |
| Hours worked / 10 = training hours substituted | **(maximum of 10 hours of substitute credit)** |
| **I attest that the information provided on this form for this instructor’s hands-on work is true and correct to the best of my knowledge.**  |
| Owner/Manager’s Signature |  |
| Date |  |

**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) industry 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:

 Automobile Technicians Local Employers

 Former Students Automotive Trainers

 Parents

 **NAME** **CATEGORY REPRESENTED**

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

**PROGRAM EVALUATION ADVISORY COMMITTEE REVIEWERS**

***The following Advisory Committee members participated in the Program Evaluation review as required prior to submitting the accreditation application.***

|  |  |  |
| --- | --- | --- |
| **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 automobile program or institution requesting accreditation.***

|  |  |  |
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|  |       |       |

 Administrator Signature Printed/Typed Name Date

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

 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.

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

**INTEGRATED ACADEMIC SKILLS RECOGNITION (OPTIONAL)**

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

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Program Name

Automobile 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 automobile 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 *Integrated Academic Skills* manual for Automobile Technicians was used to integrate academic and technical skills student activities.

**PAYMENT WORKSHEET**

Please include the following applicable fees with your automobile 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, American Express, Discover). Please indicate method of payment below. Applications can be submitted via e-mail to info@ASEeducationfoundation.org, faxing to 703-669-6125, or mailing to Attn: ASE Education Foundation, 1503 Edwards Ferry Rd. NE Suite 401, Leesburg, VA 20176.

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

 Initial Accreditation Renewal of Accreditation

Base Accreditation Fee [ ]  $2,530.00 [ ]  $1,895.00

Manufacturer Specific (if applicable): [ ]  $1,085.00\* [ ]  $930.00\*

*\*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.*

Method of payment

Purchase Order [ ]  *please include copy of PO*

Check [ ]

MasterCard/Visa/AMEX/Discover [ ]

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

***NOTE: These prices apply to applications submitted as of 7/1/2023.***

***See*** [***https://bit.ly/ASE2023pricing***](https://bit.ly/ASE2023pricing) ***for more details.*** *Payment for the ETL honorarium and the ETL expenses are now included in the base accreditation and manufacturer fees (if applicable) and are paid to the ETL by the ASE Education Foundation at the conclusion of the on-site visit.*