

# LANIER

## Technical College

Hall Campus | 2535 Lanier Tech Drive | Gainesville, Georgia 30507  
p: 770-533-7030 | f: 678-989-3107

Office of the President

March 15, 2021

Dr. Belle Wheelan  
Southern Association of Colleges and Schools  
Commission on Colleges  
1866 Southern Lane  
Decatur, GA 30033

Dear Dr. Wheelan:

I hope this letter finds you well.

Please be advised that Lanier Technical College (LTC) plans to begin offering a Fire & Emergency Services Occupation AAS degree program at its Hall County (main) campus beginning in August, 2021. The new program is a repackaging of courses from LTC's current Firefighter/EMSP (Emergency Medical Services Professional) diploma program, as well as our Firefighter II technical certificate of credit program.

No new content (0%) of the proposed program is new content. Thus, the proposed program does not represent a significant departure for the college. No additional equipment or faculty will be required to begin offering the program. Please provide a letter of acknowledging this notification.

Should you have any questions or require more information, please contact me, or our liaison to the Commission, Dr. Joanne Tolleson, at [jtolleson@laniertech.edu](mailto:jtolleson@laniertech.edu) or 678-341-6640.

Sincerely,



Tim McDonald, M.B.A.  
Interim President

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cc: Dr. Joanne Tolleson

# Substantive Change Cover Sheet

1. Complete and submit a Substantive Change Cover Sheet with every substantive change submission.
2. Submit substantive changes as separate submissions except as permitted by policy.
3. Multiple changes in one submission, except as allowed by policy, will be returned.
4. An invoice will be issued, if required, when action is taken; no need to send payment until invoiced.

## INSTITUTIONAL INFORMATION

|   |  |
|---|--|
| INSTITUTION NAME (NO ABBREVIATIONS)   | MAIN CAMPUS CITY + STATE (OR NON-U.S. COUNTRY) |
| <b>Lanier Technical College</b>   | Gainesville Georgia                            |
| IS THE INSTITUTION CURRENTLY ON REIMBURSEMENT FOR TITLE IV FEDERAL FUNDING?<br><input type="radio"/> Yes <input checked="" type="radio"/> No ▶ If "Yes" see policy for approval process requirements. | OFFICE USE                                     |

## SUBSTANTIVE CHANGE RESTRICTION

|   |                           |                                     |
|---|---------------------------|-------------------------------------|
| 1. Is the institution currently on Warning, Probation, or Probation for Good Cause?   | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 2. Was the institution placed on Warning, Probation, or Probation for Good Cause on or after September 3, 2020, and subsequently removed from sanction?                                   | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3. Is the institution currently under provisional certification for participation in federal financial aid programs?  | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| If ANY are "Yes" the institution is on <b>SUBSTANTIVE CHANGE RESTRICTION</b> . Refer to the <i>Substantive Change Policy and Procedures</i> for differential requirements and conditions. |                           | ◀◀                                  |

## SUBMISSION INFORMATION

|  |                 |                     |
|--|-----------------|---------------------|
| SUBSTANTIVE CHANGE TYPE (ONLY USE DESCRIPTIONS DEFINED IN POLICY)                            | SUBMISSION DATE | IMPLEMENTATION DATE |
| <b>New Program - Notification</b>  | 03/16/2021      | 01/08/2021          |
| SUBSTANTIVE CHANGE DESCRIPTION   |                 |                     |
| Repackaging of Fire Science & Emergency Medical Services curriculum as an AAS degree program |                 |                     |

### OFF-CAMPUS INSTRUCTIONAL SITES /ADDITIONAL LOCATIONS RELATED TO THIS SUBMISSION

| Site Name | Address | City | State | ZIP Code | Country |
|-----------|---------|------|-------|----------|---------|
| 1.        |         |      |       |          |         |
| 2.        |         |      |       |          |         |
| 3.        |         |      |       |          |         |
| 4.        |         |      |       |          |         |
| 5.        |         |      |       |          |         |

### PROGRAMS RELATED TO THIS SUBMISSION

| Program Name (to include discipline) | Credential (Diploma, Bachelor of Arts, etc.) | Instructional Level (undergrad/grad) |
|--------------------------------------|--|--------------------------------------|
| 1. Firefighter/EMSP                  | Diploma                                      | Undergrad                            |
| 2. Firefighter II                    | TCC  | Undergrad                            |
| 3.                                   |  |                                      |
| 4.                                   |  |                                      |
| 5.                                   |  |                                      |

### SUBMITTED

I certify the information on this form is correct and accurately represents the current status of the institution at the time of submission.

|                        |                                 |   |
|------------------------|---------------------------------|---|
| LIAISON or CEO NAME    | EMAIL ADDRESS                   | Suggest electronically signing with Adobe Acrobat when complete and before submitting (optional). |
| <i>Joanne Tolleson</i> | <i>jtolleson@laniertech.edu</i> |   |