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| **NEW PROGRAM REQUEST FORM: Career Certificate****FLORIDA DEPARTMENT OF EDUCATION****Division of Career and Adult Education****Office of Career and Technical Education Programs***Career Certificates are defined in section 1004.02(20) Florida Statute and Rule 6A-14.030 Florida Administrative Code.*  |
| **Directions** |
| 1. Complete this form and provide all required information including a draft curriculum framework and supporting labor market alignment documentation (detailed directions follow).
2. Submit electronic package to CTEprogramrequest@fldoe.orgduring the following 2 request windows: **A)** November 1 – for requests intending to enroll new students in the fall term of the following academic year or any term thereafter. These new program requests would be sent to the State Board of Education for approval in early spring.

**B)** June 1 – for requests intending to enroll new students in the spring or summer term of the following academic year or any term thereafter. These new program requests would be sent to the State Board of Education for approval in late summer or early fall. |
| **Submitted By** |
| Institution Name: | Click here to enter text. |
| Address:  | Click here to enter text. |
| Contact Person: | Click here to enter text. |
| Contact Title:  | Click here to enter text. |
| Email: | Click here to enter text.  |
| Phone/Ext:  | Click here to enter text.  |
| Date:  | Click here to enter a date. |
| **General Program Information** |
| Proposed Program Title:  | Click here to enter text. |
| Proposed Program Length: (Programs that are 450 hours or longer are subject to the Basic Skills Exit provisions in section 1004.91 Florida Statute.) |  Clock hours |
| For programs that are 450 hours or longer, identify the appropriate basic skills functioning level (grade level equivalents) for mathematics, reading, and writing: |  Click here to enter text. |
| Proposed Number of Occupational Completion Points (OCPs): | Click here to enter text. |
| Proposed Classification of Instructional Program (CIP) 2020 federal code (6-Digit): Please visit the [NCES website](https://nces.ed.gov). | Click here to enter text. |
| Anticipated career certificate program implementation date: | Click here to enter a date. |
| **Faculty Credentials and Qualifications (and approved alternative credentials) to demonstrate the program request has been appropriately credentialed at the career certificate level. (This section is only applicable to Florida College System Institution requests.)** |
| Discipline:  | Click here to enter text.  |
| Program Name:  | Click here to enter text.  |
| Primary Qualifying Credential:  | Click here to enter text.  |
| Suggested Alternative Credentials:  | Click here to enter text.  |
| **Justification**  |
| Provide a brief narrative describing the compelling need for proposed program to be installed in the statewide inventory of CTE programs and identify related career certificate programs(s) (program title(s) and CIP code(s)) and explain why the existing, related career certificate program(s) will not serve the need. |
| Click here to enter text. |
| **Standard Occupational Classification (SOC) Code Justification**  |
| Instructions: Visit the Integrated Postsecondary Education Data System (IPEDS) of the National Center for Education Statistics (NCES) [website](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56) to access the CIP to Standard Occupational Classification (SOC) crosswalk. * Download the most recent year CIP to SOC Crosswalk.
* Open the file and make sure to open the “CIP-SOC” tab.
* Identify and take note of the SOC code(s) for occupations associated with the proposed program’s CIP code.

Should the NCES crosswalk be found to be too limiting, please identify an appropriate SOC code and insert it in the cells below to document primary SOC code recommendation and secondary SOC code recommendations (if applicable). |
| Primary SOC code title:  | Click here to enter text. |
| Primary SOC code (do not use hyphens or periods) | Click here to enter text. |
| Was the NCES Crosswalk used to identify the suggested primary SOC? | Choose an item. |
| If the NCES crosswalk was not used, please identify how the suggested primary SOC code was derived and how it aligns with the proposed career certificate program? |
| Click here to enter text. |
| What is the associated education level of the proposed primary SOC code? Provide a justification for its use if the proposed SOC code is not leveled at certificate level (less than two-year degree level). |
| Click here to enter text.  |
| Please note that secondary SOC code(s) recommendations are optional and not required.  |
| Secondary SOC code title(s):  | Click here to enter text. |
| Secondary SOC code(s) (do not use hyphens or periods): | Click here to enter text. |
| Was the NCES Crosswalk used to identify the suggested secondary SOC? | Choose an item. |
| If the NCES crosswalk was not used, please identify how the suggested secondary SOC code was derived and how it aligns with the proposed career certificate program? |
| Click here to enter text. |
| What is the associated education level of the proposed secondary SOC code(s)? Provide a justification for its use if the proposed SOC code is not leveled at the certificate level (less than two-year degree level).  |
|  Click here to enter text. |
| Describe how students can be employed in the proposed occupations (primary and or secondary) upon completion of the proposed career certificate programs? |
| Click here to enter text.  |
| **Labor Market Demand** |
| Please provide the Labor Market Alignment Documentation and attach as a separate file to accompany this request. Refer to the [Labor Market Alignment Overview](http://www.fldoe.org/core/fileparse.php/5652/urlt/LaborMarketAlignmentOverview.pdf) which details the 2 methods that may be used to substantiate the need for the requested program.Attach as a separate file using the naming convention: *Proposed Program Title\_CAR\_LMA\_Institution acronym* to accompany this request. For example: *NetworkTechnician\_CAR\_LMA\_LCPS* |
| **Curriculum Framework** |
| Using the [Career Certificate curriculum framework](http://www.fldoe.org/core/fileparse.php/5652/urlt/CARFrameworkTemplate.docx) include the following: [ ]  Standards and benchmarks (student learning outcomes) using CTE template Proposed Occupational Completion Points[ ]  Proposed Career Cluster and Career Pathway[ ]  Proposed Career and Technical Student Organization (CTSO), as applicableAttach the draft curriculum framework as a separate file using the name convention: *Proposed Program Title\_CAR\_Framework\_Institution Acronym* to accompany this request. For example: *NetworkTechnician\_CAR\_Framework\_LCPS* |

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| **Curriculum and Instruction** |
| Indicate the targeted date that non-credit courses are to begin.  | Click here to enter a date. |
| Identify industry certification(s) or licensure exams this program will prepare students to potentially earn (if applicable)?  |
| Click here to enter text. |
| Using the table below, propose the Statewide Course Numbering System (SCNS) course sequence and structure and proposed course titles that will be required for award of the career certificate:The Division will arrange for the career certificate courses with the SCNS that will be part of the curriculum frameworks. |

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| **Proposed Course Title** | **Hours** | **OCP (if applicable)** | **Proposed SOC code that aligns with the OCP (if applicable)** |
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| **Instructional Modality** |
| How will the proposed career certificate program be delivered? (check all that apply): | [ ]  Face-to-face (F2F)(Entire program delivered via F2F courses only)[ ]  Completely online(Entire program delivered via online courses only)[ ] Combination of face-to-face/online(Entire program delivered via a combination of F2F and online courses) |
| **Admissions Requirements** |
| Identify the proposed program’s admission requirements and any pre-requisite requirements/conditions; describe the process for each admission including consideration of credit for prior learning, academic GPA, test scores, fingerprints, health screenings, background checks, signed releases, and any other program requirements such industry certifications (as applicable). |
| Click here to enter text. |
| **Planning Process** |
| Summarize the internal planning process. In timeline format, please describe the steps your institution took in completing the internal review and approval of the proposed career certificate program. For example, summarize actions taken by the academic department proposing the certificate, any non-academic departments, the college-wide curriculum committee, the college president, the Board of Trustees and any other areas.  |
| Click here to enter text. |
| Summarize the external planning process with the business and industry community. In timeline format, please describe your institution’s interactions and engagements with external stakeholders, including but not limited to industry advisory boards meetings, discussions with advisory committees, briefings from local businesses, consultations with employers, and conducting paper and online surveys. |
| Click here to enter text. |
| **Local Approval (Both Must Sign)** |

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| **School District Technical College Director:** | **School District Superintendent (or designee):** |
| Date: Click here to enter a date. | Date: Click here to enter a date. |
| **Florida College System Workforce Dean or Academic Vice President:** | **Florida College System President:** |
| Date: Click here to enter a date. | Date: Click here to enter a date. |
| **FDOE Approval:**  |
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| Date: Click here to enter a date. | Date: Click here to enter a date. |