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| **NEW PROGRAM REQUEST FORM: College Credit Certificate**  **FLORIDA DEPARTMENT OF EDUCATION**  **Division of Career and Adult Education**  **Office of Career and Technical Education Programs**  *College Credit Certificates are defined in Rule 6A-14.030 Florida Administrative Code, Postsecondary Instructional Unit Definitions and Awards in Florida College System Institutions.* | | |
| **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.org](mailto:CTEprogramrequest@fldoe.org)during 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: | | credit hours |
| Is the parent AS degree an approved and established curriculum framework? | | Choose an item. |
| If yes, identify the parent AS degree program title and CIP code:  (Please note the federal 6-digit CIP code of the proposed CCC will be identical to the federal 6-digit CIP code of the associated parent AS degree program.) | | Click here to enter text. |
| If no, has a new program request for the proposed parent AS degree been submitted to the Department? | | Choose an item. |
| Anticipated college credit certificate (CCC) program implementation date: | | Click here to enter a date. |
| **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 CCC(s) (program title(s) and CIP code(s)) and explain why the existing, related CCC 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 program’s CIP code. (Please note the federal 6-digit CIP code of the proposed CCC will be identical to the federal 6-digit CIP code of the parent AS degree program.)   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 CCC 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 less than the 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 CCC 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 less than the 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 CCC? | | |
| 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\_CCC\_LMA\_Institution acronym* to accompany this request.  For example: *LoanOfficer\_CCC\_LMA\_HCC* | | |
| **Curriculum Framework** | | |
| Using the [CCC curriculum framework template](http://www.fldoe.org/core/fileparse.php/5652/urlt/CCCFrameworkTemplate.docx) include the following:  Standards and benchmarks (student learning outcomes) using CTE template  Proposed Career Cluster and Career Pathway  Proposed Career and Technical Student Organization (CTSO), as applicable  Attach the draft curriculum framework as a separate file using the name convention:  *Proposed Program Title\_CCC\_Framework\_Institution Acronym* to accompany this request.  For example: *LoanOfficer\_CCC\_Framework\_HCC* | | |

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| **Curriculum and Instruction** | |
| Indicate the targeted date that lower-division courses are to begin. | Click here to enter a date. |
| How many technical education (PSV) credits will be required for the award of the CCC? | credits |
| Identify industry certification(s) or licensure exams this program will prepare students to potentially earn (if applicable)? | |
| Using the table below, identify the PSV SCNS course numbers and course titles that will be required for award of the degree: | |

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| **PSV Course Title** | **Course Prefix** | **Course Number,**  **if known** | **Hours** |
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| How are the program learning outcomes of the proposed CCC achieved through the proposed coursework? | |
| Click here to enter text. | |
| **Instructional Modality** | |
| How will the proposed CCC 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 CCC 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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| Workforce Dean or Academic Vice President: | College 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. |