**New Program Request Form**

**CA1**

**General Information**

|  |  |
| --- | --- |
| Institution submitting proposal |  |
| Name, title, phone, and email of person submitting the application (*contact person for the approval process)* |  |
| Identify the person responsible for oversight of the proposed program |  |
| Title of proposed program |  |
| Standard Occupation Code (SOC) associated to the proposed CIP code |  |
| SOC description including title and job description (from [onetonline.org](https://www.onetonline.org/)) |  |
| Proposed suggested Classification of Instructional Program (CIP) Code |  |
| CIP code description including Title and Definition (from [nces.ed.gov/ipeds](https://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55))  |  |
| Method of program delivery (face to face, online, hybrid) |  |
| Number of credits for the degree and for each certificate requested |  |
| Proposed Date of Initiation |  |
| Specialty program accrediting agency  |  |
| Industry-recognized certification(s) to be earned by students |  |
| Number of projected enrollments 1st year | Year 1: |
| Year 2: |
| Year 3: |

Signature of College Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Signature of KBOR Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

*Institutions requesting subordinate credentials (i.e., requesting a CERTB when an AAS is already approved, and coursework is a subset of existing courses) need only submit the following sections:*

*1) General Information,*

*2) Program Rationale,*

*3) Demand for the Program in Kansas (all 10-year Occupational Outlook data and Perkins CLNA information),*

*4) Complete catalog descriptions (including program objectives) for the proposed program,*

*5) List by prefix, number, title, and description all courses (including prerequisites) to be required or elective in the proposed program,*

*6)* *Provide a Program of Study/Degree Plan for the proposed program including a semester-by-semester outline that delineates required and elective courses and notes each program exit point.*

*7) List any pertinent program accreditation available (rationale for seeking or not seeking accreditation and plan to achieve accreditation),*

*8) CA-1b if Excel in CTE fees if requesting approved to charge fees that are not already approved,*

*9) CA-1d if requesting eligibility for Promise Scholarship, and*

*10) Program Approval at the Institution Level*

Note: Changes are often simultaneously being made to existing awards when requesting a subordinate award. The CA1 can be used to document those changes as well, rather than also creating the CA2. The changes can be noted on this application, and the CA2a form can be used in conjunction with explanation in the above items to demonstrate the changes being made to the existing awards.

**Narrative**

Completely address each one of the following items for new program requests. Provide any pertinent supporting documents in the form of appendices, (i.e., minutes of meetings, industry support letters, CA-1a form).

**Program Rationale**

* Provide an overall explanation and background surrounding the development of the proposed program. Include
	+ how the institution identified the need in the occupation for which the training is being developed,
	+ where the idea to offer the program came from,
	+ include business and industry partners that requested the program be offered, and
	+ who was involved in the development of the program
* If the recommended program is duplicative of other programs in the area, please specifically address why the new, additional program is necessary.

**Program Description and Requirements**

* Provide a complete catalog description (including program objectives/outcomes) for the proposed program.
* Include any work-based learning requirements of the program, such as clinicals, internships, apprenticeships etc. If clinical experience or apprenticeship is required for the occupation; please identify whether sufficient clinical sites are available, or how the institution is partnering with business and industry to ensure sufficient apprenticeship spaces are available.
* List and describe the admission and graduation requirements for the proposed program.

**Demand for the Program in Kansas**

* Using the most recent Kansas Department of Labor’s Long Term (10-year) Occupational Outlook, (<https://klic.dol.ks.gov>) identify employment trends and projections for the SOC code identified in the General Information section:
	+ - annual job openings,
		- estimated annual median wages, and
		- typical education level needed for entry
	+ Labor information included should show demand in Kansas in the occupation *for the specific level of education being proposed for the program*.
	+ Please utilize the following format to indicate the job postings (and wage/salary) in Kansas which correspond to each educational level being proposed for the new program:

|  |  |  |  |
| --- | --- | --- | --- |
| Education level proposed | Data Source utilized – include only Kansas data | # of job openings corresponding to the level of education | Hourly wage/annual salary for jobs for each level of education |
| AAS (60-68 CH) |  |  |  |
| CERTC (45-59 CH) |  |  |  |
| CERTB (30-44 CH) |  |  |  |
| CERTA (16-29 CH) |  |  |  |
| SAPP (less than 15 CH) |  |  |  |

* + Include additional data demonstrating local and regional employer demand in Kansas if available.
	+ For new programs for which state-level labor data is not yet available, additional resources to demonstrate demand for the occupation being trained must be included to show demand in Kansas. Job posting data (cite resource used and date of review) and projected hiring needs for employers (documented in employer letters of support) in Kansas are examples of additional labor data documentation.
* Show demand from the local community. Provide letters of support from **at least three potential employers** in your region, **which state the specific type of support** they will provide to the proposed program. Examples of program supports may include commitments to interview graduates for job positions, providing scholarships, providing internships or other work-based learning opportunities, donation of equipment/materials, assistance with program design, serving on advisory board, etc. Additional support letters from other organizations may also be included, but at least three letters from potential employers are required.
* Provide data from the most recent Perkins Comprehensive Local Needs Assessment recommendations, demonstrating the need for the program initiation. Example: “(Data source) listed X number of annual openings for the occupation, with Y number of Concentrators in the matching program area”. If the occupation corresponding to the proposed program was not evaluated in the most recent CLNA, please explain why.
* Describe/explain any business/industry partnerships specific to the proposed program.

*If a formal partnership agreement exists, agreement explaining the relationship between partners and documenting support to be provided for the proposed program must be submitted to the Board office independent from the CA1 materials for review purposes. The agreement will not be published or posted during the comment period.*

**Duplication of Existing Programs**

* Identify similar programs in the state based on CIP code, title, and/or content. For each similar program provide the most recent K-TIP data: name of institution, program title, number of declared majors, number of program graduates, number of graduates exiting the system and employed, and annual median wage for graduates existing the system and employed.
* Please explain how collaboration was pursued with similar programs. Institutions proposing a new program should always reach out to existing programs to identify collaboration opportunities. Examples of collaboration include (but are not limited to) sharing best practices, recruitment and retention strategies, curriculum or equipment suggestions, structure with business and industry on work-based learning opportunities, etc.
	+ Once existing programs have been contacted, if collaboration was not a viable option, please explain why.

**Program Information**

* If the program has undergone the alignment process at the state level, please review alignment requirements and verify that
	+ program title.
	+ courses, (including titles and competencies)
	+ industry-recognized certifications,
	+ all marketing materials and public-facing information meets requirements, and
	+ accreditation requirements

are met in the proposal. Listing of aligned programs can be found at: <https://www.kansasregents.gov/workforce_development/program-alignment>

* List by course ID/prefix, number, title, and catalog description all courses (including prerequisites) to be required or elective in the proposed program.
* Provide a Program of Study/Degree Plan for the proposed program for each program exit point including a semester-by-semester outline that delineates required and elective courses.
	+ Degree plan/map in application should match degree map on institution website
	+ KBOR links individual institution Degree Map landing pages at <https://www.kansasregents.gov/students/advising-resources>
	+ Please refer to Guidance on Academic Degree Maps at <https://www.kansasregents.gov/academic_affairs/performance-agreements>
* If the proposed program includes multiple curricula (e.g., pathways, tracks, concentrations, emphases, options, specializations, etc.), identify courses unique to each alternative.
* List any pertinent program accreditation available:
	+ Provide a rationale for seeking or not seeking said accreditation.
	+ If seeking accreditation, also describe the plan to achieve it.
* If the program/coursework will be made available to high school students, provide letters of support from local high schools and/or districts that intend to participate.

**Faculty**

* Describe faculty qualifications and/or certifications required to teach in the proposed program.

**Cost and Funding for Proposed Program**

* Provide a detailed budget narrative that describes all costs associated with the proposed program. Items should include (but are not limited to)
	+ physical facilities,
	+ equipment and tools,
	+ faculty,
	+ instructional materials,
	+ accreditation,
	+ student support services
* Provide detail on **CA-1a form. Please include the specific funding source for each item.**
* Describe any grants (including requirements of the grant), donations or outside funding sources that will be used for the initial startup of the new program and to sustain the proposed program.
* **Additional cost and funding documents to include as needed:**
	+ Provide Excel in CTE fee details on the **CA-1b form** if the program will be offered to high school students and requesting approval for fees.
	+ If the program is requesting Perkins funding, provide details on the **CA-1c form**.
	+ If the program is requesting KS Promise Act eligibility, provide details on the **CA-1d form**.

**Program Review and Assessment**

* Describe the institution’s program review cycle, and anticipated review timeframe for proposed program.

**Program Approval at the Institution Level**

* Provide copies of the minutes at which the new program was approved from the following groups:
	+ Program Advisory Committee

*(Including a list of the business and industry members)*

* + Curriculum Committee
	+ Governing Board

*(Including a list of all Board members and indicate those in attendance at the approval meeting)*

**Program Proposal Submission**

* Please enter proposed program into the Kansas Higher Education Data System (KHEDS)
* Please create a single PDF packet including all documents, and submit the completed application to the following:

Charmine Chambers

Director for Workforce Development

cchambers@ksbor.org

Crystal Roberts

Associate Director for Workforce Development

croberts@ksbor.org

Brandi Wells

Workforce Development Program Specialist

bwells@ksbor.org