NEW CERTIFICATE PROGRAM PROPOSAL

Cuyahoga Community College ®

Type of New Certificate

_____ Short-Term Certificate (9-29 credits)
_____ Certificate of Proficiency (30-37 credits)
_____ Post-Degree Professional Certificate (20-37 credits)

Title of Program: _____

Degree that certificate aligns
with/feeds into _____

Sites where program will be
offered _____

Date of Request _____ Fall Date of Projected First Offering: _____

Send signed copy and electronic copy to:
Holly Craider, Ph.D.
Executive Director, Curriculum Development & Learning Outcomes Assessment
  2500 East 22nd Street
  Jerry Sue Thornton Center, rm. 237
  Cleveland, OH 44115

Date Received _____

Sign off Date _____   Signature _____
Curriculum Office

Date Received _____   Signature _____
Vice President, Learning and Engagement

EXECUTIVE   ☐ Approved
LEADERSHIP ACTION ☐ Denied
                       ☐ Held for further consideration
                       ☐ Comments

Date of Action _____   Signature _____
Executive Vice President, Access, Learning, and Success

NEW CERTIFICATE PROGRAM PROPOSAL

PROGRAM JUSTIFICATION AND RESEARCH

I.   Background and Research

A. Why is the proposed addition to the curriculum necessary? What need will the program address, and how did you become aware of that need? If the program will be offered in connection with, or in response to, an initiative by a governmental entity, provide details of that initiative.

B. What are the names of the jobs/roles that graduates of this program will be able to apply? What is the starting salary? Include Bureau of Labor Statistics wage data.

C. Summarize the market demand for these jobs/roles in Northeastern Ohio. (Please attach research). Include Bureau of Labor Statistics data or State labor data. Indicate if State, regional, or local workforce agencies were consulted. Market demand MUST also be substantiated by one or more of the following: (1). Advisory committee minutes. (2). Focus group results/minutes. (3). Employer/community survey results.

D. For a new program that is a result of existing programming at the College that already has students in the pipeline and currently meets a community/employer need, provide a summary of the history of the current program, number of students served, and continued need for the program.

COLLABORATION AND ARTICULATION

II. **Is this certificate program currently offered by any higher education institution (public, private, or proprietary) within the state of Ohio?**

 A. Yes _____   **No** _____
 B. If yes, name of institution: _____
 C. If yes, why should an additional program in the area be initiated?
 _____

 D. Will this certificate operate in collaboration with another educational institution? If yes, describe role or attach signed contract.

E. What OBOR Articulation and Transfer initiatives does/will this certificate program and its related courses participate in? (Check all that apply.)

         _____   a.   (CT2) Approved Career-Technical Credit Transfer

         _____   b.   (CT2) Pending Career-Technical Credit Transfer

         _____   c.   Other. Describe

         _____   d.   None

           e.   What bi-lateral agreements, if any, are active for this program? What bi-lateral articulation agreements are being pursued?

         _____

F. Are there similar or related programs, either credit or non-credit offered by Cuyahoga Community College? If so, how will this new program be different? Have the administrators of those programs been informed that you are planning to offer the same or similar program? What was their response? Is there a way to share cost savings and best practices?

III. INDUSTRY INVOLVEMENT, LICENSURE, & CERTIFICATIONS

A. Advisory Committee: (Check only one)

        _____   Need to establish a new advisory committee

        _____   Can use the existing advisory committee for _____

                                                                  Name of program

If using an existing advisory committee, please provide the names of the individuals who serve on the advisory committee for the program, and attach minutes from the most recent meeting where proposal was discussed.

If there is need to establish an advisory committee, please indicate what companies will be invited to participate.

B. Related license or industry certification _____

      a.   _____   License or certification is on OBOR's approved list. (see list on Curriculum KWeb site, Forms library)

      b.   _____   License is not on approved list. (Please complete New Credential Form.

      c.   _____   If there is NOT a related license or industry certification, please provide a rationale.

C. Does the governing body for the industry credential or an external regulatory entity (e.g. State Board of Nursing) require approval for program, facilities, curriculum, faculty, student-teacher ratios, or other criteria?

D. If yes, what approvals have you obtained? What approvals are pending? Or when do you plan to submit for approval? (If approvals have been obtained, please attach a copy of the approval letter.)

E. Is experiential learning (e.g. co-op, internship, field experience, clinical, etc.) a component of the program?

F. Describe the experiential learning component. (Include a brief description of how many courses/hours will be required at an external/on-campus site.)

FINANCIAL AND RESOURCE INVESTMENT

IV. Preliminary estimate of additional costs incurred by the addition of this program/major, taking into account the costs of new faculty, equipment, remodeling, and other instructional and indirect costs:

a. Summary of Resource/Impact: (Check all that apply)

_____ No additional resources are needed
_____ New equipment/supplies
_____ New faculty/lecturer
_____ New program manager
_____ Consultant
_____ Space renovation/building needed
_____ Other _____

b. How will these costs be covered?

_____ No additional costs
_____ Absorbed into existing budget
_____ Through a major budget item
_____ Grant/external funding, _____
<div align="center">Name of grant/source of external funding</div>

NOTE: If this program will require additional funding, you must include a completed BF21 form and the plan for how the program will be funded. Until funding sources are identified, curriculum development and/or implementation may be delayed.

RETURN ON INVESTMENT

V. Preliminary estimate of headcount enrollments:

	2020-2021	2021-2022
First Year Students		
Second Year Students		
Total		

VI. Level of Development Effort Needed:

| | All new courses will need to be developed
| | Combination of new and existing courses
| | All courses already exist, but revisions may be needed
| | All courses already exist and no revisions are needed

VII. Mode of Delivery for initial offering:

| | All on-ground (i.e. classroom)
| | Combination of on-ground, blended, and online
| | Fully online

CURRICULUM DEVELOPMENT AND RESOURCES NEEDED

VIII. Divisions that need to be involved: (Check all that apply.)

| | Business, Math & Technology
| | Hospitality
| | Engineering
| | Business Technologies
| | Mathematics
| | Health Careers & Sciences
| | Liberal Arts/Social Science
| | Nursing
| | Creative/Performing Arts
| | WCED
| | Information Technology
| | Public Safety

IX. Division in which new program should reside: (Check only one.)

    _____ Business, Math & Technology
    _____ Hospitality
    _____ Engineering
    _____   Business Technologies
    _____   Mathematics
    _____ Health Careers & Sciences
    _____ Liberal Arts/Social Science
    _____ Nursing
    _____ Creative/Performing Arts
    _____ WCED
    _____ Information Technology
    _____ Public Safety

X. Location of first offerings: (Check all that apply.)
A. Indicate each location where classes are planned to be offered.

    _____ East
    _____ Metro
    _____ West
    _____ Westshore (includes CCW)
    _____ Brunswick
    _____ Hospitality Management Center (HMC)
    _____ Corporate College East (CCE)
    _____ Off Campus
    _____ Online
    _____ MTC/ATTC

B. If planning to offer courses at Brunswick, the HMC, CCE, or at an Off-Campus location, indicate the % of coursework planned to be offered at each/any of these locations.

NOTE: All programs must be offered during a standard academic term as published in the academic calendar. Courses that fall outside standard term limits are considered non-terms and are not eligible for financial aid.

Certificate programs must identify a CIP Code and applicable SOC Code that ties to a job to be considered financial-aid eligible. Work with the Curriculum Office to identify these.

XI. Additional Information:

Academic Proposal Initiators:

Faculty Member(s):

Print Name	

Signature	Date

Program
Manager/Faculty
Coordinator:

Print Name	

Signature	Date

Associate Dean(s):

Print Name	

Signature	Date

Academic Dean/Dean:

Print Name	

Signature	Date

Campus President

Print Name	

Signature	Date

<u>Non Academic (WCED) Proposal Initiators:</u>

Initiator(s):

Print Name _____

Signature _____ Date _____

Program Manager/
Director:

Print Name _____

Signature _____ Date _____

Vice President/
Executive Director:

Print Name _____

Signature _____ Date _____

Executive Vice
President:

Print Name _____

Signature _____ Date _____

<u>Non-Academic (WCED) Development Team:</u>

Lead Initiator:

Print Name
_____

Signature _____ Date _____

Program Manager/
Director:

Print Name
_____

Signature _____ Date _____

Other Contributors:
(can be instructors or
consultants)

Print Name
_____

_____

Signature _____ Date _____

Director, Quality
Assurance:

Print Name
_____

Signature _____ Date _____

NOTE: For proposals initiated from non-academic (WCED), please include both academic and non-academic initiators and development team members' names and signatures.

New Certificate Program Approval Process

1. Exploration Meetings

(*Initiator schedules planning meetings with Curriculum Office.)*

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2. Submit New Program Proposal Form

(*Initiator submits to Curriculum Office, who reviews for completeness and forwards to VP, Learning & Engagement for presentation to EVP and Campus Presidents.)*

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3. EVP of ALS and Campus President's Review

(*EVP/Campus Presidents review and approve/disapprove development of new program.)*

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4. Program Outcomes, Program Mapping and Assessment Planning Sessions

(*Initiator schedules outcomes session with advisory committee, and program mapping and assessment sessions with faculty; both sessions facilitated by Curriculum Office.)*

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5. Curriculum Development and Submission

(*Initiating faculty write curriculum (*course outlines and program sequence) and submit in CIM for faculty review and approval by CADRE and Associate Deans)*

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6. Gainful Employment Request Completion

(*Initiator completes Gainful Employment Form to request that the program be financial-aid eligible.)*

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7. Review and Approval in CIM

(*Curriculum reviewed by faculty, Curriculum Office, Counseling, Librarians and approved by Associate Deans, or Dean of specified Division and, CADRE)*

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8. Gainful Employment Request Submission

(*Curriculum Office submits Gainful Employment Form to Financial Assistance Office, who in turn submits to the US Department of Education for approval. Allow three to four months to receive approvals from Department of Education.)*

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9. Submission for EVP/Board of Trustees' Approval

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10. Submission for OBOR Approval as a Technical Certificate Eligible for Subsidy