**New Program Request Form**

**CA1**

**General Information**

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| --- | --- |
| 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 |  |
| Method of program delivery (face to face, online, hybrid) |  |
| 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))  |  |
| Standard Occupation Code (SOC) associated to the proposed CIP code |  |
| SOC description including title and job description (from [onetonline.org](https://www.onetonline.org/)) |  |
| Number of credits for the degree and all certificates requested |  |
| Proposed Date of Initiation |  |
| Specialty program accrediting agency  |  |
| Industry-recognized certification(s) to be earned by students |  |

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

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

**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).

*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.

**Program Rationale**

* Provide an overall explanation and background surrounding the development of the proposed program. Include
	+ identification of the occupation for which the training is being developed,
	+ why the program is needed,
	+ where the idea to offer the program came from (including the requesting entity),
	+ number of projected enrollments, 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, etc. If clinical experience is required, please identify whether sufficient clinical sites 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*.
	+ Include additional data demonstrating local and regional employer demand 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.
* 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.
* 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.
* Was collaboration with similar programs pursued? Please explain the collaboration attempt, and if not pursued, rationale for why collaboration was not a viable option. (Recommend that collaboration opportunities be explored and documented with existing programs, examples include sharing best practices, recruitment and retention strategies, curriculum or equipment suggestions, working with business and industry on work-based learning opportunities, etc.)

**Program Information**

* If the program has undergone the alignment process at the state level, please review alignment requirements and ensure the courses, industry-recognized certifications, and accreditation requirements are met in the proposal. Listing of aligned programs can be found at: <https://www.kansasregents.org/workforce_development/program-alignment>
* List by 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 including a semester-by-semester outline that delineates required and elective courses and notes each program exit point.
	+ Degree plan/map in application should match degree map on institution website
	+ KBOR links individual institution Degree Map landing pages at <https://www.kansasregents.org/students/advising-resources>
	+ Please refer to Guidance on Academic Degree Maps at <https://www.kansasregents.org/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 (physical facilities, equipment, faculty, instructional materials, accreditation, etc.).
* Provide detail on **CA-1a form.**
* Describe any grants (including requirements of the grant) 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