



APPLICATION FOR APPROVAL
PROGRAM RELOCATION / REPLICATION

This application must be typed and single sided; hand-written applications will not be accepted.

PLEASE ALLOW 60 DAYS FOR APPROVAL OF A COMPLETE APPLICATION*

(* All required documentation provided)

(\$250 per relocation/replication site)

INSTITUTION	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
CHIEF ADMINISTRATOR	
TELEPHONE NUMBER EXTENSION NUMBER	
FAX NUMBER	
EMAIL ADDRESS	
NAME OF PROGRAM	
PROJECTED DATE OF IMPLEMENTATION	
DATE OF NEXT ACCREDITATION VISIT	

SUBMIT ONE HARD COPY OF THIS APPLICATION TO:

Council on Occupational Education

Attention: Marcia Cox

7840 Roswell Road

Building 300, Suite 325

Atlanta, GA 30350

AND

EMAIL ONE PDF COPY TO: marcia.cox@council.org

(June 2019)

ATTESTATIONS

The institution must attest to **ALL** of the following criteria related to educational programs before approval will be granted.

Answer each attestation in relation to the proposed or existing program referred to on this application.

A. Admissions/Recruiting		YES	N/A
The institution's admissions policies and procedures are:			
1.	Clearly stated;		
2.	Consistently applied;		
3.	Non-discriminatory;		
4.	Published; and,		
5.	Consistently communicated to students.		
6.	For all students admitted to a Vocational English-As-A-Second-Language Program, the institution utilizes written admission procedures that comply with policies established by the Commission.		
7.	Admission requirements offer reasonable expectations for successful completion of the occupational programs offered by the institution regardless of the delivery mode.		
8.	Students admitted into Associate Degree programs have a documented high school diploma or its equivalent.		
9.	Orientation to technology is provided and technical support is available to all students.		
B. Programs			
Occupational education programs align with:			
1.	The mission of the institution; and,		
2.	The occupational needs of the people served by the institution.		
Each occupational education program has:			
3.	Clearly stated objectives;		
4.	Defined content relevant to those objectives and the current needs of business and industry;		
5.	Assessment of student achievement based on the program objectives and content; and,		
6.	Annual evaluation of its objectives.		
A systematic process has been implemented to document:			
7.	That the programs and content are current; and,		
8.	That coursework is qualitatively and quantitatively relevant.		
Three bona fide potential employers review each educational program annually and recommend:			
9.	Admission requirements;		
10.	Program content that is consistent with desired student learning outcomes;		
11.	Program length;		
12.	Program objectives;		
13.	Competency tests;		
14.	Learning activities;		
15.	Instructional materials;		
16.	Equipment;		
17.	Methods of program evaluation;		
18.	Level of skills and/or proficiency required for completion; and,		
19.	Appropriate delivery formats for the subject matter being taught.		
20.	The institution considers the length and the tuition of the program in relation to the documented entry level earnings of completers.		
21.	Courses required for the program are offered with sufficient frequency for the student to complete the program within the publicized time frame.		

B. Programs (Continued)			
Associate Degree programs offered must meet the following requirements:			
22.	The program is designed to lead graduates directly to employment in a specific career;		
23.	The appropriate applied degree title, such as Associate of Applied Technology, Associate of Applied Science, Associate of Occupational Studies, Associate of Science, or Associate of Occupational Technology, is used and includes the specific career and technical education field (i.e. Associate of Applied Science in Veterinary Technology);		
24.	The program has a minimum of 60 semester hours or 90 quarter hours; and,		
25.	The program includes a minimum of 15 semester hours or 23 quarter hours of general education courses, with a minimum of one course from each of the following areas: humanities, behavioral sciences, natural or applied sciences, and mathematics.		
26.	For all coursework delivered via distance education: The institution's distance education courses and programs are identical to those on campus in terms of quality, rigor, breadth of academic and technical standards, completion requirements, and the credential awarded.		
Each program offered by the institution:			
27.	Is approved and administered under established institutional policies and procedures and supervised by an administrator who is part of the institutional organization;		
28.	Has continuous involvement of on-campus administrators and faculty in planning and approval;		
29.	Has varied evaluation methodologies that reflect established professional and practice competencies;		
30.	Is qualitatively and quantitatively consistent at each campus where it is offered;		
31.	Has measures of achievement of the student learning objectives;		
32.	Has individual student records, including period of enrollment, financial, and educational program records, permanently maintained by the institution at the main campus;		
33.	Is described in catalogs or brochures, and/or other promotional materials and includes tuition/fee charges, refund policies, admissions and academic requirements, information technology requirements, and employment requirements; and,		
34.	Provides for timely and meaningful interaction among faculty and students.		
35.	A credit hour is equivalent to a minimum of each of the following: one semester credit for 15 clock hours of lecture, 30 clock hours of laboratory, or 45 clock hours of work-based activities; or one quarter credit for 10 clock hours of lecture, 20 clock hours of laboratory, or 30 clock hours of work-based activities.		
36.	For all coursework delivered via distance education: Faculty teaching distance education courses ensure timeliness of their responses (synchronously or asynchronously) to students' requests by following institutional requirements on response times of no more than 24 hours within the published operational schedule of the program/course.		
C. Instruction			
1.	Academic competencies and occupational skills are integrated into the instructional plan for each occupational program.		
2.	The instructional program provides instruction in the competencies essential to success in the occupation, including job knowledge, job skills, work habits, and attitudes.		
3.	The sequence of instruction required for program completion (lecture, lab, and work-based activities) is determined by desired student learning outcomes.		
The sequence of instruction required for program completion is used to:			
4.	Organize the curriculum;		
5.	Guide the delivery of instruction;		
6.	Direct learning activities; and,		
7.	Evaluate student progress in order to maximize the learning of competencies essential to success in the occupation.		
8.	Occupational advisory committees are appointed for each program to ensure that desirable, relevant, and current practices of each occupation are being taught.		
Each occupational advisory committee:			
9.	Consists of a minimum of three members external to the institution who have expertise in the occupational program;		
10.	Represents each service area covered by the program at each meeting (main campus and branch campus);		
11.	Has at least three external members who meet these criteria present at each meeting (with at least two physically present and one virtually present);		
12.	Meets at least twice annually;		
13.	Ensures that no fewer than that three months separate each official committee meeting; and		
14.	Follows an agenda and maintains typed minutes to document its activities, recommendations, meeting attendance, and demographic information for each member.		

C. Instruction (Continued)		
15.	Occupational advisory committees review, at least annually, the appropriateness of the type of instruction (such as lecture, laboratory, work-based instruction, and/or mode of delivery) offered within this program to assure that students are provided sufficient opportunities to practice and gain competency with specific skills required for successful completion of the program.	
16.	Job-related health, safety, and fire prevention are an integral part of instruction.	
17.	To develop skill proficiency, sufficient practice is provided with equipment and materials similar to those currently used in the occupation.	
18.	All instruction is effectively organized as evidenced by syllabi, lesson plans, competency tests, and other instructional materials.	
19.	The institution uses a systematic, objective, and equitable method of evaluating student achievement based on required competencies.	
20.	For all coursework delivered via distance education: The institution directly verifies the currency and quality of all contracted courseware on an annual basis, is directly responsible for such currency and quality, and maintains curriculum oversight responsibility within all contracts.	
21.	For all coursework delivered via distance education: Each course/program has in place a standardized template, course descriptions, learning objectives, course requirements (i.e. standard syllabus, outcomes, grading, resources, etc.), and learning outcomes in order to facilitate quality assurance and the assessment of student learning.	
22.	For all coursework delivered via distance education: The institution has processes in place to establish that the student who registers for a distance education course or program is the same student who participates in the course or program and receives academic credit (with methods such as secure logins, pass codes, or proctored examinations).	
23.	For all coursework delivered via distance education: The institution monitors student progress and participation by means such as course management systems that provide student time online, frequency of logins, electronic footprints, electronic grade book, and percentage of course completed.	
Written agreements with work-based activity agencies, if any:		
24.	Are current;	
25.	Specify expectations for all parties; and,	
26.	Ensure the protection of students.	
27.	Each work-based activity has a written instructional plan for students.	
28.	The written instructional plan for each work-based activity specifies the particular objectives, experiences, competencies, and evaluations that are required.	
29.	The written instructional plan for each work-based activity designates the on-site employer representative responsible for guiding and overseeing the students' learning experiences and participating in the students' written evaluations.	
30.	All work-based activities conducted by the institution are coordinated by a designated institutional employee possessing appropriate qualifications.	
D. Other Criteria		
1.	This program has been approved by all applicable state licensing or authorizing agencies, and/or district, county, and/or other agencies/boards that provide oversight for this program.	
2.	A copy of the approval from each applicable state licensing or authorizing agency, and/or district, county, and/or other agency/board that provides oversight for this program is attached .	

REQUIRED DOCUMENTATION

*A letter of approval from **all** applicable state licensing or authorizing agencies, and/or district, county, and/or other agency/board that provides oversight for this program or a letter of exemption from having to gain approval from any such entity for this program **MUST** accompany this submission.*

The approval must show the EXACT program name and program hours. Incomplete submissions will be returned. COE does not back-date approvals.

APPLICATION CERTIFICATION AND DISCLOSURE STATEMENT

I certify that all information relative to this application is true and correct.

Signature of Chief Administrator
Date

INSTRUCTIONS:

This application is for certificate, diploma or degree level programs and is intended for those programs taught in traditional or distance classroom settings. This program must have the same objectives, length, and content as the currently approved COE program.

Complete one application for each program. Be sure that all supporting documentation is attached, and that the application is signed by the Chief Administrator.

Name of Program:	
Address of COE-approved campus where program is currently approved:	

1. Is this program being replicated or relocated? **Replicated** OR **Relocated**

PROGRAM REPLICATION

Program replication occurs when an existing program is added to another COE-approved campus.

Address of each COE-approved campus where program is being replicated.	1.	
	2.	
	3.	
	4.	

PROGRAM RELOCATION

Program relocation occurs when an existing program is moved from one COE-approved campus to another.

Address of COE-approved campus where program is being relocated.	
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- Expected date when students will start program at new location(s): _____
- Complete the attached Employer Program Verification Forms for the program (3 for each replication/relocation). (Job Corps Centers may submit the most recent VES report in place of the Employer Program Verification Form.)
- Complete the attached Faculty Form for each new person employed in an instructional, supervisory, or administrative capacity in connection with this program. Attach copies of diplomas and certifications related to program. Replications or relocations of degree programs may be asked to include additional documentation.
- Attach evidence of licensure and/or certification by state and local agencies showing the institution is approved to conduct this program at the new location(s). If approval is not required by any of these agencies, provide documentation demonstrating that the institution is exempt from this approval.

Submit a check for the total application fee (calculate below).

	= number of programs being replicated/relocated X \$250.00 per program =	\$	= Total Fee
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APPLICATION CERTIFICATION AND DISCLOSURE STATEMENT

I attest that all information relative to this application is true and correct.

Signature of Chief Administrator *Date*

CLOCK HOUR/CREDIT HOUR CHART

Program Name		CIP Code	
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Instructions: Refer to the latest edition of the *Handbook of Accreditation* for definition. This form is to be completed for programs measured in credit hours and those measured in clock hours. LIST ALL COURSES OFFERED WITHIN THE PROGRAM. Make additional copies of this page as needed.

Provide total program length in all categories that apply (be sure these numbers agree with the grand totals):

TOTAL REQUIRED CLOCK HOURS:		SEMESTER CREDIT HOURS:		QUARTER CREDIT HOURS:	
Total number of clock hours available via distance education		Total number of semester hours available via distance education		Total number of quarter hours available via distance education	

COURSE NAME (Use one line for EACH COURSE within the program.)	LECTURE Place an 'x' in the far right column if any course instruction is <u>available</u> via distance education delivery.			LABORATORY Place an 'x' in the far right column if any course instruction is <u>available</u> via distance education delivery.			WORK-BASED ACTIVITIES Place an 'x' in the far right column if any course instruction is <u>available</u> via distance education delivery.			Course Totals	
	Clock Hours	Credit Hours	DE	Clock Hours	Credit Hours	DE	Clock Hours	Credit Hours	DE	Clock	Credit
TOTAL ALL COLUMNS											

GRAND TOTALS

The Grand Total number of credit hours will be rounded down in accordance with the latest edition of the *Policies and Rules of the Commission*.

FACULTY FORM

Complete this form for each person employed in an instructional, supervisory, or administrative capacity, full- or part-time, who will be involved in the replicated/relocated program. Include diplomas, credentials, and descriptions of experience. Also include training for distance education administration and instruction, if applicable.

Full name:		
School:	City:	State:
Date of initial employment:	Full-Time:	Part-Time:
Present title:		How long in position?
Describe primary responsibilities, including subjects taught:		
Describe current instructional/supervisory/administrative licenses and/or credentials and ATTACH COPIES to this form:		

Educational Background: (Attach additional sheets if necessary)

Institution Name & Address	Attendance		Major Studies	Award Diploma/Degree
	From	To		

Related Work Experience:

Company Name & Address	Dates		Job Title & Duties
	From	To	

How do you maintain up-to-date professional knowledge? (Organization activities, self-study, publications, etc.)

Attach copies of highest credentials earned, also any program related certifications.

CERTIFICATION STATEMENT	
I certify that the information contained on this form and attached hereto is correct and complete.	

<i>Employee's Signature</i>	<i>Date</i>

**Commission of the Council on Occupational Education
EMPLOYER PROGRAM VERIFICATION FORM
for Postsecondary Programs**

INSTRUCTIONS:

- Complete three of these forms for **each program** at each campus.
- This form **must** be signed by a bona fide employer who is in a position to make hiring decisions.

Name of Institution	
Address	City/State/Zip
Name of Program	
Mode(s) of Delivery of Program (check ALL that apply):	
<input type="checkbox"/> 100% Traditional	<input type="checkbox"/> Hybrid <input type="checkbox"/> Distance Education

The length of this program is (indicate the number of hours in all boxes that apply):

<input type="text"/> Clock Hours	<input type="text"/> Semester Credit Hours	<input type="text"/> Quarter Credit Hours
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The amount of tuition and fees charged for the total program is: \$

EMPLOYERS' VERIFICATION STATEMENT

I have reviewed the (**name of program**): _____
 program and recommended requirements for admissions, program content, program length, program objectives, competency tests, learning activities, instructional materials, equipment, method of evaluation, the skills and/or proficiency required for completion, and appropriateness of the instructional delivery method(s) for the program.

EMPLOYER

Name:	Title:
Company Name:	Phone Number/Extension:
Address:	City/State/Zip:
Verifiable range of remuneration based on yearly, full-time employment for those that enter this field upon completion of the program is from \$_____ to \$_____ annually.	
Signature:	Date:

**Salary Range, Signature, and Date must be hand-written.
(June 2019)**