



APPLICATION FOR APPROVAL
PROGRAM RELOCATION / REPLICATION

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

PLEASE ALLOW 60 DAYS FOR APPROVAL OF A COMPLETE APPLICATION*

(* All required documentation provided)

INSTITUTION	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
CHIEF ADMINISTRATOR (CA)	
CA TELEPHONE/EXT	
CA EMAIL ADDRESS	
NAME OF PROGRAM	
PROJECTED DATE OF IMPLEMENTATION	

SUBMIT ONE APPLICATION WITH PAYMENT TO:

Council on Occupational Education
7840 Roswell Road, Bldg. 300, Suite 325
Atlanta, GA 30350
ATTN: Kallan Williams

Attach flash drive of application with hard copy. Scan of application should be in correct page order. The submitted application is valid for 120 days after receipt by the Council office.

(March 2022)

INSTRUCTIONS:

This application is for certificate, diploma or degree level programs and is intended for those programs taught in a traditional classroom setting. If this program includes, in any portion, distance education delivery, complete the application for programs offered through distance education delivery methods.

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

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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2. Expected date when students will start program at new location(s): _____

3. Does this program have the same objectives, length and content as the currently- approved COE program?

Yes **No** If no, please explain and complete the attached Clock Hour/Credit Hour Chart.

- 4. 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.)
- 5. Complete the attached New 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/relocations of associate degrees may require additional documentation.
- 6. 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. Attach \$500-per-location application fee.

APPLICATION CERTIFICATION AND DISCLOSURE STATEMENT	
I attest that all information relative to this application is true and correct.	
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<i>Signature of Chief Administrator</i>	<i>Date</i>

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

INSTRUCTIONS:

- Complete this form for **each service area** served by the program.*
- This form **must** be signed by an employee who is in position to make hiring decisions on behalf of the employer.

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="checkbox"/> Clock Hours	<input type="checkbox"/> Semester Credit Hours	<input type="checkbox"/> 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, 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 which include (check **ALL** that apply):

<input type="checkbox"/> 100% Traditional	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Distance Education
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EMPLOYER

Name:	Title:
Company Name:	Phone Number:
Address:	City/State/Zip:
Verifiable range of remuneration (based on year-round, full-time employment) that can reasonably be expected by completers who enter this field upon completion of the program is from \$ _____ annually to \$ _____ annually.	
Signature:	Date:

NEW FACULTY FORM

Complete this form for each **NEW** person employed in an instructional, supervisory, or administrative capacity, full- or part-time, who will be involved in the new program. Include descriptions of experience with and/or 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.	
<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>Employee's Signature</i>	<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>Date</i>