



New Technical Certificate Program Proposal

Program Title				
Type of Program (Highlight)	Short-Term Certificate	Certificate of Proficiency	Post-Degree Certificate	
Date of Request				
Fall date of Projected First Program Offering				
Campus (Highlight all that apply)	East	Metro	West	Westshore
	Brunswick	Hospitality Mgmt Center	Off Campus	Online
Date Received by Curriculum:				
Email to:	Anne Distler Ph.D., Executive Director, Curriculum Development, Assessment, and Transfer			
Date Reviewed				
Signature				
	Executive Director, Curriculum Development, Assessment, and Transfer			
Signature				
	Vice President, Curriculum & Academic Quality			
Executive Leadership Action (Highlight)	Approved	Denied	Held for further consideration	
Comment/Conditions				
Signature				
	Executive Vice President, Academic Affairs			



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Program Justification and Research

1. 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 offer in connection with, or in response to, an initiative by a governmental entity, provide details of that initiative.

2. 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.

3. 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.



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4. 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

5. If this certificate program currently offered by any higher education institution (public, private, or proprietary) within the State of Ohio? If yes, name the institution and provide a justification for why an additional program in the area should be initiated?
6. Will this certificate operate in collaboration with another educational institution? If yes, describe the role or attach the signed contract.
7. What OBOR Articulation and Transfer initiatives does/will this certificate program and its related courses participate in? (Check all that apply)

☐	(CT2) Approved Career Technical Credit Transfer
☐	(CT2) Pending career Technical Credit Transfer



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	Other: (include description)
	None

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

9. 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 programs? What was their response? Is there a way to share cost savings and best practices?

10. Is this certificate embedded in a degree program that is approved or pending approval? If Yes, please describe.

Industry Involvement, Licensure, and Certifications

11. Advisory Committee (check only one)

	Need to establish a new advisory committee
	Can use the existing advisory committee for:

If using an existing advisory committee, please provide the names & titles & companies of the individuals who serve on the advisory



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committee for the program, and attach minutes from the most recent meeting where the proposal was discussed.

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

12. Is there a related license or industry certification?

13. If yes, is it already on the [ODHE approved list of industry certifications](#)?

14. If the credential is not already on the ODHE approved list, please provide a link to the website for the industry credential.

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

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



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16. Is experiential learning (e.g. co-op, internship, field experience, clinical, etc.) a component of the program. If so, describe the experiential learning component. Include a brief description of how many courses/hours will be required at an external/on-campus site.

17. 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

18. Provide a 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.

19. 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



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20. How will these costs be covered?

	No additional costs
	Absorbed into existing budget
	Through a major budget item
	Grant/external funding (please specify and attach approval letters if available).

Note: If this program will require additional funding, you must include a completed BF-21 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

21. Preliminary estimates of headcount enrollments

	Academic Year One	Academic Year Two	Academic Year Three
First Year Students			
Second year students			
Total			

22. Level of development effort needed



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	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.

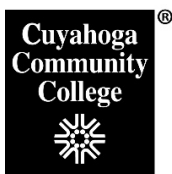
23. Mode of delivery for initial offering

	All on-ground (in-person classroom)
	Combination of on-ground, blended, and online (includes percentages of on-ground, blended, and online – note if any course in the program can be taken online, the program is considered to be partly online – including general education courses.
	Fully online

Curriculum Development and Resources Needed

24. Schools and Divisions that need to be involved (check all that apply)

School of Advanced Manufacturing, Engineering, and Computer Science	
	Adv. Manufacturing & Engineering
	Computer Science
School of Business, Legal Professions, and Hospitality Management	
	Business & Legal Professions
	Hospitality Management
School of Nursing and Health Professions	
	Nursing



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	Health Professions
School of Creative Arts	
	Creative Arts
School of Liberal Arts and Sciences	
	Liberal Arts
	Social Sciences
	Natural Sciences
	Mathematics
Workforce Innovation Academies	
	Advanced Manufacturing and Engineering Training
	Construction Training
	Health Industry Solutions Training
	Public Safety Training
	Transportation and Logistics Training

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

School of Advanced Manufacturing, Engineering, and Computer Science	
	Adv. Manufacturing & Engineering
	Computer Science
School of Business, Legal Professions, and Hospitality Management	
	Business & Legal Professions
	Hospitality Management
School of Nursing and Health Professions	
	Nursing
	Health Professions
School of Creative Arts	
	Creative Arts
School of Liberal Arts and Sciences	



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	Social Sciences
	Natural Sciences
	Mathematics
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26. If program is planned to be offered online, indicate % of program to be offered online:

	100% Online
	50-99% Online
	0-50% online

27. Additional Information.

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 not eligible for financial aid.



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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

School Dean:

Print Name

Signature

Date



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Non Academic (Workforce) Proposal Initiators (if applicable):

Initiator(s):

Print Name

Signature

Date

Program Manager/
Director:

Print Name

Signature

Date

Executive Director:

Print Name

Signature

Date

Executive Vice
President:

Print Name

Signature

Date