

# Instructions

Idaho State Board of Education  
Five-Year Plan Development  
Notice of Current Programs with Statewide and Regional Responsibility

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Using the Excel template provided by the Office of the State Board of Education, provide the following information for each current program with a Statewide and/or Regional responsibility.

**1. Provide the following information for each program approved since the last update:**

<b>Program Title:</b>	Enter the name of the program
<b>CIP code:</b>	Enter CIP code for the program listed
<b>Degree level/certificate:</b>	Indicate majors/degree/certificate offered/awarded AA, AS, BS, BA, MS, MA, PhD, etc.
<b>College/department:</b>	Identify the College/Department the program is housed under.
<b>Location/Region:</b>	Identify whether program is offered in Boise, Twin Falls, Lewiston, Moscow, Coeur d'Alene, Idaho Falls, etc.) and identify region (Region I, II, III, etc)
<b>Regional/Statewide:</b>	Identify whether program is a regional or statewide program responsibility consistent with III.Z.
<b>Method of Delivery:</b>	Identify whether program is being delivered online, hybrid, compressed video, face-to-face
<b>Program Description:</b>	Provide a brief description of each program offered (purpose and scope) and limit to 50 words for each).
<b>Self-Support or Professional Program:</b>	Identify whether the program is a self-support or professional fee program as defined in Board Policy V.R.
<b>Designated/Partnering Institution:</b>	Identify whether your institution is the designated institution or partnering institution offering the program consistent with III.Z.

**2. Provide a summary of terms of any Memorandums of Understanding (MOUs) entered into with a designated or partnering institution for programs anticipated to be delivered within the next three years. Summary must include (at a minimum):**

<b>Agreement:</b>	Provide the name of the agreement
<b>Partnering Institution:</b>	Provide the name of the partnering institution or entity
<b>Program Title:</b>	Provide the name of the program institutions are collaborating or partnering
<b>Location:</b>	Identify whether program will be offered in the southeast, southwest, north
<b>Effective Date:</b>	Indicate the date the agreement becomes effective
<b>Expiration Date:</b>	Indicate the date the agreement expires
<b>Summary Terms of Agreement:</b>	Summarize terms of agreement to include description of collaboration, course offerings, facilities, fees, etc.)