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| Institutional Tracking No. |  |

# I:\Central Electronic Files\Misc Forms & Instructions\Logos\ISBOE\SBOE color logo.jpg**Short Proposal Form**

Career Technical Programs

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Proposal Submission: | |  | | | | | | | | |
| Institution Submitting Proposal: | |  | | | | | | | | |
| Name of College, School, or Division: | |  | | | | | | | | |
| Name of Department(s) or Area(s): | |  | | | | | | | | |
| Official Name of Program or Instructional/Administrative Unit: | |  | | | | | | | | |
| CIP code or Modification of CIP Code (consult IR /Registrar): | |  | | | | | | | | |
| Method of Delivery: Indicate percentage of face-to-face, hybrid, distance delivery, etc. | |  | | | | | | | | |
| Implementation Date: | |  | | | | | | | | |
| Geographical Delivery: | Location(s) | | |  | | | Region(s) | | |  |
| Indicate (X) if the program is/has:  (Consistent with Board Policy V.R.) |  | | Self-Support fee | |  | Professional Fee | |  | Online Program Fee | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicate those that apply to this request:** | | **Proposed Action** | | |
|  | Basic Technical Certificate |  | Addition of a certificate or degree to an existing program | |
|  | Intermediate Technical Certificate |  | Inactivation of a career technical program | |
|  | Advanced Technical Certificate |  | Modification of existing career technical programs | |
|  | Associate of Applied Science Degree |  |  | Splitting an existing program into two or more programs |
|  | Specialized Certificate |  |  | Consolidating two or more programs into one program |
|  |  |  |  | Converting one certificate or degree option into a stand-alone program |
|  |  |  |  | Converting/transitioning a certificate or degree level type (i.e. BTC to ITC) |
|  |  |  |  | Addition of online option to an existing program |
|  |  |  |  | Transition program to exclusively online format |
|  |  |  |  | Transition of program with less than 50% of courses offered online exclusively to 50% or more of courses offered online exclusively. |
|  |  |  |  | |
|  |  |  | Other | |
|  |  |  |  | Addition or removal of courses representing a significant departure from existing CTE program offerings. |
|  |  |  |  | Modification to instructional/administrative units |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College Dean (CTE Administrator) | Date |  | *SBOE Approval (if required)* | Date |
|  |  |  |  |  |
| FVP/Chief Fiscal Officer | Date |  | Chief Program Officer (IDCTE) | Date |
|  |  |  |  |  |
| Provost/VP for Instruction | Date |  | State Administrator Approval (IDCTE) | Date |

**This proposal form must be completed for actions as provided in Board Policy III.G.4.b. *Actions Requiring a Short Proposal*.**

1. Provide an overview of the proposed action, including the need and rationale for the action. Identify any existing program or unit that this action will impact.
2. Discuss impact of proposed action on student enrollment, if any. Using the chart below, provide projected new additional enrollments for any proposed certificates or modified programs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Estimated New Enrollment** | | | |
| **Year** | **Fall** | **Spring** | **Summer** |
|  | Headcount | Headcount | Headcount |
| 20xx-xx |  |  |  |
| 20xx-xx |  |  |  |
| 20xx-xx |  |  |  |
| 20xx-xx |  |  |  |
| 20xx-xx |  |  |  |

1. Three-Year Plan. If this is an addition of certificate or degree to an existing program, is it on your institution’s Board approved 3-year plan?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, proceed to question 4. If no, please address A and B below:

1. Which of the following statements address the reason for adding this program outside of the regular three-year planning process.

Indicate (X) by each applicable statement:

|  |  |
| --- | --- |
|  | Program is important for meeting your institution’s regional program responsibilities. |
|  | The program is in response to a specific industry need or workforce opportunity. |
|  | The program is reliant on external funding (grants, donations) with a deadline for acceptance of funding. |
|  | There is a contractual obligation or partnership opportunity related to this program. |
|  | The program is in response to licensure or accreditation requirements or recommendations. |
|  | The program is in response to recent changes to teacher certification/endorsement requirements. |
|  | We failed to include it when we had the opportunity. |
|  | Other: |

1. Provide an explanation for all statements you selected.
2. Curricular Requirements and Learning Outcomes. If the proposed action is a new certificate or a modification to an existing program, attach an *IDCTE Program Profile.*
3. **Educator Endorsement/Certification Programs.** All new initial educator preparation programs that lead to Idaho educator endorsement/certification require review and recommendation facilitated by the Division of Career Technical Education (IDCTE) and approval from the Idaho State Board of Education.

Will this program include a new initial educator preparation program leading to Idaho educator endorsement/certification?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, on what date was the new educator preparation program (EPP) application for endorsement/certification submitted to the Idaho Division of Career Technical Education (educator certification director)? **NOTE:** *All new program applications for endorsement/certification are submitted via IDCTE’s Canvas by the educator preparation provider dean, assistant Dean, or director.*

|  |  |
| --- | --- |
| Date |  |

1. Resources Required for Implementation – Financial Impact and Budget.
   1. Discuss organizational arrangements required within the institution to accommodate the proposed action, including administrative, staff, and faculty hires, facilities, student services, library, etc. Include a statement regarding total cost to students. If there is no financial impact as defined in Board Policy III.G.1.f [[1]](#footnote-1), include a statement to indicate there is no financial impact. Completion of the budget form is required if there is a financial impact.

1. Financial Impact shall mean the total financial expenditures, regardless of funding source, needed to support personnel costs, operating expenditures, capital outlay, capital facilities construction or major renovation, and indirect costs that are incurred as a direct result of establishing, modifying, or discontinuing a new instructional program, instructional unit, or administrative unit. *Revised per Board Policy III.G, June 2024.* [↑](#footnote-ref-1)