**Career and Technical Education**

**New York State Education Department**

**APPROVED PROGRAM AMENDMENT FORM**

Instructions: Use this form to request any changes to your approved program occurring during the five-year approval period. Submit a separate form for each program that requires an amendment. If you have been notified by the CTE office that you need to re-approve your program, include your program changes with the re-approval application only. You do not need to submit an amendment form as this information will be communicated in your reapproval. Document all requested changes along with rationale in the spaces provided below. A signed form with copies of all related documents should be mailed to: New York State Education Department, Career and Technical Education Office, 89 Washington Avenue, Room 315 EB, Albany, NY 12234.

Note: All New York City Department of Education CTE Programs must complete and submit this form directly to the Program Quality Team. Please complete and submit forms to Omari Gay at ogay@schools.nyc.gov.

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| A. Program Information | | | | |
| School district or BOCES: | | Operational approval is **required** for appearance enhancement, barbering, and health sciences programs only. Has the program obtained operational approval?  Yes No NA | | |
| Program name: | | CIP code: | | SED program number: |
| Program site(s): | | BEDS building or BEDS virtual location (if applicable) code(s): | | |
| Contact name:        Contact address:      ,       ,        Contact phone:  Contact fax:  Contact e-mail address: | | Contact information to be posted on SED’s website (if different)  Contact name:        Contact phone:  Contact fax:  Contact e-mail address: | | |
| Please indicate if any changes were made to the program information in section A from the last time the program was approved or reapproved: | | | | |
| D. Program Content | | | | |
| **PLEASE NOTE:** Changes to program content should be made in consultation with your self-study committee and, when appropriate, your external review committee. Considerable changes in program content, which may affect other program components, may require a full reapproval application. | | | | |
| **TYPE OF AMENDMENT REQUESTED** | **DESCRIPTION OF CHANGE** | | **RATIONALE FOR EACH**  **AMENDMENT REQUEST**  (Attach any supporting documents) | |
| CTE Content of Program  (If changing program content, please complete the program content amendment addendum.) |  | |  | |
| Integrated or Specialized Academic Units  (BOCES must include documentation that academic teachers from two different districts have had an opportunity to review the program. Please include their name, school district, certification area, signature, and date of review.) |  | |  | |
| Change in Number of Units of Credit for the Program of Study |  | |  | |
| Other |  | |  | |
| E. Work-Based Learning (WBL) | | | | |
| TYPE OF AMENDMENT REQUESTED | DESCRIPTION OF CHANGE | | **RATIONALE FOR EACH  AMENDMENT REQUEST**  (Attach any supporting documents) | |
| Change in Work-Based Learning Coordinator (Please attach a copy of certification.) |  | |  | |
| Change in Work-Based Learning Opportunities Available  (If a new registered program is available, please include the work-based learning registration form.) |  | |  | |
| F. Employability Profile | | | | |
| **TYPE OF AMENDMENT REQUESTED** | **DESCRIPTION OF CHANGE** | | **RATIONALE FOR EACH**  **AMENDMENT REQUEST**  (Attach any supporting documents) | |
| Change to Employability Profile Content  (Please attach both the current and proposed employability profiles.) |  | |  | |
| **G. Technical Assessment** | | | | |
| **TYPE OF AMENDMENT REQUESTED** | **DESCRIPTION OF CHANGE**  (Please indicate if replacing or adding to a current technical assessment) | | **RATIONALE FOR EACH**  **AMENDMENT REQUEST**  (Attach any supporting documents) | |
| Change in Written Assessment  (Please attach blueprint.) |  | |  | |
| Change in Performance Assessment  (Please attach blueprint.) |  | |  | |
| Change in Local Project/Portfolio  (Please attach details.) |  | |  | |
| **H. Postsecondary Articulation Agreement** | | | | |
| **TYPE OF AMENDMENT REQUESTED** | **DESCRIPTION OF CHANGE**  (Please identify the type of benefit students will receive, e.g., college credit, advanced standing,) | | **RATIONALE FOR EACH**  **AMENDMENT REQUEST**  (Attach any supporting documents) | |
| Change in Articulation Agreement  (Please attach updated articulation agreement.) |  | |  | |
| Additional Articulation Agreement  (Please attach additional articulation agreement.) |  | |  | |
| I. Faculty | | | | |
| **TYPE OF AMENDMENT REQUESTED** | **DESCRIPTION OF CHANGE**  (Please indicate changes in program faculty, including the courses they will be teaching) | | **RATIONALE FOR EACH**  **AMENDMENT REQUEST**  (Attach any supporting documents) | |
| Change in Program Faculty  (Please attach copies of certificate and, as required, copies of licenses, resumes, or evidence of expertise.) |  | |  | |
| **K. Chief Administrator’s Certification** | | | | |
| I hereby certify that all components of the Career and Technical Education Program reported herein are available to students upon approval of this application by the State Education Department. I certify that data on student progress and performance to evaluate student success on Regents examinations or approved alternatives, technical assessments, and placement in employment, the military or postsecondary education programs will be made available to the State Education Department upon request.  Name       Title       Date  Signature of Chief Administrative Officer | | | | |

**Submission requirements**: This amendment form must be sent as a Word document. If proposing changes to program content, please be sure to also complete the program content amendment addendum and submit it with this document. Additional supporting documentation must be sent in PDF format. E-mail this application to: emsccte@nysed.gov.

A paper copy of this application form with **original signature** must be mailed to:

CTE Program Approval  
New York State Education Department  
Career and Technical Education Office  
89 Washington Avenue, Room 315 EB  
Albany, New York 12234

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| **FOR SED USE ONLY** | | | | |
| Approved Not Approved  Reviewer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | | | | |
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