### Career and Technical Education

### New York State Education Department

# Approval Application for CTE Programs: Part 1

This application for initial approval must be submitted no later than October 1, 2022 for programs that wish to obtain approval for the 2023-2024 school year.

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| A. Program Information | | | | | | | | | |
| School district or BOCES: | | | | | | | | | |
| Program start date: 2023-2024 | | Agency code: | | | | | | | |
| Program name: | | CIP code:  See [CTE web page](http://www.nysed.gov/career-technical-education/cte-cip-codes) for list of CIP codes | | | | | | | |
| Program site(s): | | BEDS building 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: | | | | | | | |
| Has this proposed program been offered as a NYSED-approved CTE program in the last five years? Yes No | | Operational approval is **required** for appearance enhancement, barbering, and health sciences programs only. Has the program achieved operational approval status? Yes No NA | | | | | | | |
| B. Program Data | | | | | | | | | |
| What is the total anticipated enrollment in this specific CTE program for each academic year? | Of this total, what is the anticipated enrollment for students with IEP plans? | | | | Of this total, what is the anticipated enrollment for students with Section 504 plans? | | | | |
| Grade 9  Grade 10  Grade 11  Grade 12  Cumulative Total | Grade 9  Grade 10  Grade 11  Grade 12  Cumulative Total | | | | Grade 9  Grade 10  Grade 11  Grade 12  Cumulative Total | | | | |
| C. Self-Study | | | | | | | | | |
| Complete the Self-Study Form C. | | | | | | | | | | |
| D. Program Content | | | | | | | | | |
| Complete the Program Content Form D and the related information below. | | | | | | | | | |
| How many total units of **credit** is this program of study? | | | | | | | | | |
| How is the content of Career and Financial Management delivered?  This one-half unit of instruction remains a required component of all CTE programs. | | | | | Embedded | | | Stand-alone | |
| Which **integrated** units of credit are you seeking approval for in this application? | | | None | ELA | | Mathematics | Science | | Social Studies |
| Which **specialized** units of credit are you seeking approval for in this application? | | | None | ELA | | Mathematics | Science | | Social Studies |

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| E. Work-Based Learning (WBL) | | | | | | |
| Complete the Work-Based Learning (WBL) Form E and the related information below. | | | | | | | |
| What types of work-based learning opportunities will be available to students in this program?  For clarification, see [WBL manual](http://www.nysed.gov/career-technical-education/work-based-learning-wbl-programs). | | | | | | |
| **New York State Registered Programs**  **(include expiration date)** | | **Other WBL Experiences** | | | | |
| Cooperative CTE Work Experience Program (CO-OP)  Expiration date: | | School-based enterprise | | | Supervised clinical experience  (Health Sciences requirement)  (please also submit a copy of the current affiliation agreement(s) with application) | |
| Career Exploration Internship Program (CEIP)  Expiration date: | | Industry-based projects | | |
| General Education Work Experience Program (GEWEP)  Expiration date: | | Job shadowing | | | School-year/summer internships | |
| Work Experience and Career Exploration Program (WECEP)  Expiration date: | | Community service/volunteering | | | Other (please explain) | |
| **F.** **Employability Profile** | | | | | | | |
| Complete the Employability Profile Form F. | | | | | | | |
| **G. Technical Assessment** | | | | | | | |
| What is the name of the technical assessment used in this program? Show test reference numbers where appropriate. Provide exact name(s) of test given by the test developer. | | | | | | | |
| Provide name of vendor, agency or consortium that developed the (A) written and (B) performance part of the technical assessment. Provide a brief description of (C) locally developed project/portfolio.  A. Written examination(s)    B. Student demonstration(s) of technical skills (performance)    C. Locally developed project/portfolio | | | | | | | |
| Note: Consortium developed assessments are allowed only when no technical examination exists in a particular field; the assessment must include written examination(s), student demonstration(s) of technical skills, and student project/portfolio(s). Students must pass all three parts. | | | | | | | |
| H. Postsecondary Articulation Agreement | | | | | | | |
| Complete the Postsecondary Articulation Agreement Form H and the related information below. | | | | | | | |
| With which two- or four-year postsecondary institution(s) do you have an articulation agreement? | | | | | | | |
| What are the benefits to the student? | College credit | | Advanced standing | Reduced tuition | | Other, please specify | |
| I. Faculty | | | | | | | |
| Complete the Faculty Certifications Form I. | | | | | | | |
| **J. External Review Committee** | | | | | | | |
| Complete the External Review Committee Form J. | | | | | | | |

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| **K. Chief Administrator’s and Board President’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  Name       Title       Date  Signature of Board President: |

**Submission requirements**: This application form must be sent as a Word document. Detail forms (Part 2) and supporting documentation must be sent in PDF format. E-mail this application to: [emsccte@nysed.gov](mailto: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

11/2021