NC COMMUNITY COLLEGES
CREATING SUCCESS

CURRICULUM PROCEDURES REFERENCE MANUAL

Section 3A

**Special Curriculum Program Application for
Selected Curriculum Titles
(Procedures and Accountability Report)**

(Associate in Applied Science, Diploma, and Certificate Selected Curriculum Programs)

Implementation October 1, 2012

North Carolina Community College System
Special (Abbreviated) Curriculum Program Application Procedures and Accountability Report for Selected Curriculum Titles

The State Board of Community Colleges is authorized to approve curriculum programs (1D SBCCC 400.6(a)(1)).

The State Board delegates to the President of the North Carolina Community College System the authority to grant a college the approval to award the associate degree, diploma, or certificate for program titles that have been approved for this delegation by the State Board of Community Colleges based upon a widespread immediate need for the job training and minimal impact upon other colleges. (1D SBCCC 400.6 (4))

The State Board delegates to the President of the North Carolina Community College System the authority to grant a college the approval to award a curriculum program which is classified as a concentration if the applying college already has approval to offer the parent program. (1D SBCCC 400.6 (5))

The following curriculums have been approved by the State Board of Community Colleges for the Special Application process:

Air Conditioning, Heating, & Refrigeration Tech (A35100)
Building Construction Technology (A35140)
Carpentry (Diploma)(D35180)
Community Spanish Interpreter (A55370)
Construction Management Technology (A35190)
Electrical Systems Technology (A35130)
Entrepreneurship (A25490)
Geomatics Technology (A40420)
Industrial Systems Technology (A50240)
Infant/Toddler Care (Certificate)(C55290)
Information Technology (A25590)

Lateral Entry (Certificate)(C55430)
Masonry (Diploma) (D35280)
Mechatronics Engineering Technology (A40350)*
Medical Office Administration (A25310)
Plumbing (Diploma) (D35300)
Public Safety Administration (A55480)
School-Age Care (Certificate)(C55450)
Supply Chain Management (A25620)
Sustainability Technologies (A40370)
Welding Technology (A50420)

*College must have approval for the Industrial Systems Technology (A50240) program or the Automation Engineering Technology (A40120) program.

The following curriculums have been approved by the State Board of Community Colleges for the Special Application process, but require that the college have prior approval for the Cosmetology (A55140) program:

Cosmetology Instructor (Certificate)(C55160)
Esthetics Instructor (Certificate)(C55270)
Esthetics Technology (Certificate)(C55230)

Manicuring Instructor (Certificate)(C55380)
Manicuring/Nail Tech. (Certificate)(C55400)
Natural Hair Care (Certificate)(C55170)

The following curriculums have been approved by the State Board of Community College for the Special Application process, but requires that the college have prior approval for the Early Childhood Education (A55220) program:

Early Childhood Administration (Certificate)(C55850)   Early Childhood Preschool (Certificate)(C55860)

The following curriculum has been approved by the State Board of Community Colleges for the Special Application process, but requires that the college have prior approval for the Real Estate (A25400) program:

Real Estate Licensing (Certificate) (C25480)

The following curriculum has been approved by the State Board of Community Colleges for the Special Application process, but requires that the college have prior approval for the Culinary Arts (A55150) program:
Foodservice Technology (Diploma) (D55250)

<u>*All* concentrations have been approved by the State Board of Community Colleges for the Special Application process, but require that the college have prior approval for the parent program. See Section of the Curriculum Procedures Reference Manual for a list of concentration/parent programs.</u>

Submission of Special Program Application:
Colleges seeking curriculum program approval process, through the special application process, should submit an application using the attached procedures. The following items must be completed and documented as indicated before the program can be considered for approval by the State Board:

1) Local Certification (accompanied by a copy *of the minutes from the Board of Trustees meeting(s) where the proposed program was discussed and approved must be attached to the application.)*
2) Proposed Program of Study
3) Impact Assessment Form(s) from colleges approved to offer the same or similar health science program which has a clinical component *and*
4) Three Year Accountability Report (must be submitted three years <u>after</u> program implementation)

 A digital application with original signatures should be submitted to:

> programs@nccommunitycolleges.edu
> Senior Vice President/Chief Academic Officer
> Academic and Student Services
> North Carolina Community College System Office

Deadlines:
Special program applications may be submitted at any time. Please allow approximately three weeks for System Office review and approval. Colleges will be notified of program approval and will be instructed to submit an electronic program of study. Approval of the program and the program of study must be complete prior to implementation of the program.

Instructions for Completing Attached Application:

All items must be completed and documented as indicated before the program can be considered for approval by the System Office. Please note that colleges may only utilize the Special Curriculum Program Application process when applying for a concentration program if the applying college already has approval for the parent program or when applying for an approved special application program title. See page 2 for a list of approved titles.

I. Local Certification:

Complete the institutional certification form. A copy of the minutes from the Board of Trustees meeting(s) at which the proposed program was discussed and approved must be attached to the application.

II. Proposed Program of Study

The proposed program of study should be designed to be in compliance with the curriculum standard approved by the State Board of Community Colleges. The State Board approved curriculum standard for each program is located at:
http://www.nccommunitycolleges.edu/academic-programs/curriculum-standards.

The proposed program of study should also be designed using the appropriate courses from the *Combined Course Library* which is located at:
http://www.nccommunitycolleges.edu/academicprograms/combined-course-library.

III. Impact of the Proposed Program on Other Programs in the System

A. Impact Assessment Form

If the proposed program includes a clinical requirement, send the Impact Assessment Form to all NCCCS colleges approved to offer the same or similar programs. The Impact Assessment Form should document the perceived impact of the proposed program on existing program(s) at other colleges, including the impact on clinical sites used by other colleges.

An impact assessment is **not** required for programs which do not include a clinical requirement.

B. Documenting Impact Assessment

If applicable, include in the application a list of colleges who received an Impact Assessment Form, due to the clinical requirement of the proposed program, and a narrative summary of the responses received. If the applying college does not receive a response from a college, please

attempt to contact that college's president to obtain a response. Attach copies of signed Impact Assessment Forms from all responding college(s).

If the applying college receives a negative response as a result of the original Notification or the Impact Assessment Form, provide a narrative summary of the actions the college took to resolve the negative responses and the outcome of those actions. Document the outcome of a resolution meeting using the Impact Assessment Resolution Form.

C. **Impact Assessment Conflict Resolution Appeals Process**
If the college presidents cannot reach agreement on the impact of the proposed program, the Senior Vice President and Chief Academic Officer will refer the issue to the System President. If a meeting with the System President does not resolve the issues, the presidents may request a hearing before the Program Committee of the State Board. The Program Committee will make a recommendation to the State Board on the disposition of the proposed program. The State Board's decision regarding resolution of the matter is final.

IV. Three Year Accountability Report

A *Three-Year Accountability Report* must be submitted by the college three years after program implementation. The report must include information on enrollment, completers, employment, licensure/accreditation and other pertinent information.

The *Three-Year Accountability Report* should be emailed to:
accountability@nccommunitycolleges.edu.

If electronic signature is not available, a hard copy, with original signature, should be mailed (in addition to the emailed report) to:

Director Academic Programs
North Carolina Community College System Office
5016 Mail Service Center
Raleigh, NC 27699-5016

NC COMMUNITY COLLEGES
CREATING SUCCESS

SPECIAL CURRICULUM PROGRAM APPLICATION

College _____

Program Title_____

Concentration Title_____
                            (If applicable)

Program Code   __ __ __ __ __ __

Credential (*Indicate the highest credential to be awarded*)

_____ AAS   _____ Diploma   _____ Certificate

Proposed Semester and Year of Implementation

_____ Spring   _____ Summer   _____Fall   20__ __

Contact Person (Name/Title): _____

Phone (_____**)**_____ **Extension** _____ **E-mail**_____

Does this application include the use of a Level III Instructional Service Agreement (ISA)?

_____ Yes _____ No

        (If yes, please be sure to include the ISA with your application.)

I. Institutional Certification: *Complete the following form and obtain required signatures. Form with original signatures should be included in the application.*

Institutional Certification

This curriculum program _____   _____
<div align="center">(Program Title)   (Program Code)</div>

will enhance the workforce of North Carolina, will provide educational and training opportunities consistent with the mission of the college, and will not duplicate the opportunities currently offered.

_____
<div align="center">(Community College Name)</div>

has assessed the need for this program and the resources required to maintain a viable program and certifies that the college can operate this program efficiently and effectively within the resources available to the college.

The college understands that this proposed program will require a program accountability report that will include items such as student success measures, enrollment trends, completion rates, and employment data three years after implementation if the program is approved by the State Board.

(A copy of the minutes from the Board of Trustees meeting(s) where the proposed program was discussed and approved must be attached to the application.)

_____   _____

Signature, President of College   *Date*

_____ _____

Signature, Board of Trustees Chair   *Date*

II. Proposed Program of Study: *Complete the following to indicate the proposed program of study.*

A. **GENERAL EDUCATION:** *Degree programs must contain a minimum of 15 semester hours including at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics. Degree programs must contain a minimum of 6 semester hours of communications. Diploma programs must contain a minimum of 6 semester hours of general education; 3 semester hours must be in communications. General education is optional in certificate programs.*

1. Communication:
The following course(s) are required:
   Course Number Course Title (Credit)
   ENG 111 Expository Writing (3)   (Example format)

   Communication Pick List if applicable:
    Select a course(s) from the following:

2. Humanities/Fine Arts:
The following course(s) are required:
   Course Number Course Title (Credit)

   Humanities/Fine Arts Pick List if applicable:
   Select a course(s) from the following:

3. Social/Behavioral Sciences:
The following course(s) are required:
   Course Number Course Title (Credit)

   Social/Behavioral Pick List if applicable:
   Select a course(s) from the following:

4. Natural Sciences/Mathematics:
The following course(s) are required:
   Course Number Course Title (Credit)

   Natural Sciences/Mathematics Pick List if applicable:
   Select a course(s) from the following:

Total General Education Semester Hour Credits Required _____

Program of Study (Continued)

B.   MAJOR HOURS

    1. Core

      The core is comprised of specific courses and/or subject areas which are required for each curriculum program. These are identified on the curriculum standard for each program.

      The following course(s) are required:
      Course Number Course Title (Credit)

      Required Subject Area(s) if applicable:

                                     Total Core Semester Hour Credits____

    2. Concentration (if applicable)

      If the proposed program is a concentration, please list the required courses and/or subject areas. Only utilize the courses and/or subject areas identified on the curriculum standard.

      The following course(s) are required:
      Course Number Course Title (Credit)

      Required Subject Area(s) if applicable:

                                     Total Concentration Semester Hour Credits_____

Program of Study (Continued)

3. **Other Major Hours**

   Other major hours must be selected from prefixes listed on the curriculum standard. A maximum of 9 semester hours of credit may be selected from any prefix listed, with the exception of prefixes listed in the core or unique prefixes as noted on the standard.

   The following course(s) are required:
   Course Number Course Title (Credit)

   Required Subject Area(s) if applicable:

   Total Other Major Semester Hour Credits _____

   Total Major Semester Hour Credits_____

Please note:

   Work-based learning may be included in associate in applied science degrees up to a maximum of 8 semester hours of credit; in diploma programs up to a maximum of 4 semester hours of credit; and in certificate programs up to a maximum of 2 semester hours of credit.

   Selected topics or seminar curriculum courses may be included in associate in applied science degree up to a maximum of 3 semester hours of credit; and in diploma or certificate programs up to a maximum of 3 semester hours of credit. Such curriculum courses shall be listed on a program of study as "other major" hours. Selected topics and seminar curriculum courses shall not be used more than once in a program.

Program of Study (Continued)

C.   OTHER REQUIRED COURSES *(If applicable)*

      A college may require other courses in order to meet graduation or local employer requirements. These requirements may be met through a maximum of 7 semester hours of credit in a degree program; 4 semester hours of credit in a diploma program, and 1 semester hour of credit in a certificate program. Restricted, unique or free elective courses may not be included as other required courses.

The following course(s) are required:
Course Number Course Title (Credit)

Total Other Required Semester Hour Credits_____

Total Semester Hours Credit in Program_____

Course Substitution (if applicable)

Course in Program_____   **Substitute Course(s)_____**

Course in Program_____   **Substitute Course(s)_____**

IV. Impact of the Proposed Program on Other Programs in the System:

A. Impact Assessment Form: *If the proposed program includes a **clinical** requirement, send the Impact Assessment Form **to all** NCCCS colleges approved to offer the same or similar programs. The Impact Assessment Form should document the perceived impact of the proposed program on existing program(s) at other colleges, including the impact on clinical sites used by other colleges.*

Impact Assessment Form – Special Curriculum Program Application

_____ intends to apply for approval to offer _____
Applying College   *Program Title/Concentration Title/Code*

The college has determined that _____ is located in a contiguous
county
                                                        Name of college with same or similar program

and is currently offering the same or similar program entitled and coded as _____.
                                                                                                                     Program Title/Concentration Title/ Code

Our college's assessment of the impact on your program is identified below:
_____
_____
_____

The following clinical site(s) may be utilized in offering this program *(complete if applicable):*

_____   _____
_____   _____
_____   _____

_____   _____
Signature of President of Applying College   *Date*

Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

_____ Yes, I agree with the impact assessment.
_____ No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.
_____ No, I do not agree with the impact assessment and I am <u>not</u> supportive of the college applying for the program.
_____ Explanation (attach additional comments on other pages): _____
_____
_____

_____   _____
Signature of President of College with Same or Similar Program   *Date*

B. Documenting Impact Assessment: *Provide a list of colleges who received an Impact Assessment Form and a narrative of the responses received. (Only required if proposed program contains a clinical component.)*

Name of College(s) Receiving Impact Assessment Form	Program Title *(Same or Similar)*

Narrative of Responses Received:

_____
_____
_____
_____
_____

If a negative response was received, provide a narrative summary of the actions taken to resolve the negative response and the outcome of those actions:

_____
_____
_____
_____
_____

C. Impact Assessment Resolution: *If a negative response was received, document the outcome of the resolution by completing the following Impact Resolution Form. Include copies of the signed resolution in the application.*

Impact Assessment Resolution Form

_____ intends to apply for approval to offer _____ .
     Applying College　　　　　　　　　　　　　　　*Program Title/Concentration Title/ Code*

_____ has identified that there will be an impact on its program. The identified impact is:
College with Same or Similar Program

_____

_____

_____ has resolved the possible impact by:
     Applying College

_____

_____

_____

_____

_____

_____　　　　　_____
Signature of President of Applying College　　　　　　　　*Date*

Please indicate your response to this impact assessment resolution within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment resolution.)

_____   Yes, I agree with the impact assessment resolution identified above.

_____   No, I do not agree with the impact assessment resolution identified above.

_____   Explanation (attach additional comments on other pages):　_____

_____

_____

_____

_____　　　　　_____
Signature of President of College with Same or Similar Program　　　　　　*Date*

IV. Three Year Accountability Report: *The Three-Year Accountability Report must be submitted three years after program implementation. Use the following template for the report.*

Three Year Accountability Report

College:_____

Title of Curriculum Program:_____

Program Code: _____ Date of System Office President Approval:_____

Semester Program Started at College: Fall ____   Spring ____   Summer ____   20_ _

Number of Students Enrolled in Program Annually Since Implementation:
(Please break down by certificate, diploma and AAS level)

First Year Total	_____	Second Year Total _____		Third Year Total	_____
Certificate	_____	Certificate	_____	Certificate	_____
Diploma	_____	Diploma	_____	Diploma	_____
AAS	_____	AAS	_____	AAS	_____

Number of Program Completers by Year:

First Year Total	_____	Second Year Total _____		Third Year Total	_____
Certificate	_____	Certificate	_____	Certificate	_____
Diploma	_____	Diploma	_____	Diploma	_____
AAS	_____	AAS	_____	AAS	_____

Employment of Graduates in The Program:

- Number and Percentage of Graduates Employed in **Major or Related** Field Number of Students in First Graduating Class: _____   % employed _____   Number of Students in Second Graduating Class:_____   % employed_____

- Number and Percentage of Graduates Employed in **Other Fields**
Number of Students in First Graduating Class: _____   % employed _____
Number of Students in Second Graduating Class:_____   % employed _____

- Number and Percentage of all graduates in the program continuing their education in the **same field** towards an advanced credential or degree: _____
This number represents the following percentage of all graduates: _____%

Are there external accrediting or licensing requirements for this program?

Yes ___   No ___   If yes, please provide:

Name of accrediting/licensing agency: _____

Date of accreditation/approval: _____   20 _ _

or projected date of accreditation/approval: _____   20 _ _

Attach minutes of local advisory committee meetings since program implementation.

Program Outlook for Next Five Years:
(Brief Narrative: Please do not exceed space provided below.)

_____   _____
       Signature of President of College   *Date*

The Three-Year Accountability Report should be **emailed** to accountability@nccommunitycolleges.edu. *If electronic signature is not available, a hard copy, with original signature, should be mailed **(in addition to the emailed report)** to:*

                  Director Academic Programs
                  North Carolina Community College System Office
                  5016 Mail Service Center
                  Raleigh, NC 27699-5016