# Workforce Continuing Education Pathway

# APPLICATION FORM

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| **Community College** |  |
| **High School** |  |

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| **Career Pathway Title** |  | | | | |
| **Career Cluster** |  | | | | |
| **Pathway Aligns with NC DPI CTE Course Blueprint** | |  | Yes |  | No |
|  |  | | | | |
| **College Point of Contact** |  | | | | |
| Name |  | | | | |
| Title |  | | | | |
| Phone |  | | | | |
| Email |  | | | | |
|  |  | | | | |
| **High School Point of Contact** |  | | | | |
| Name |  | | | | |
| Title |  | | | | |
| Phone |  | | | | |
| Email |  | | | | |

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| **COURSES ASSOCIATED WITH PATHWAY** | | | |
| 1. State Course Number / Name |  |  |  |
| Local Course Number / Name |  |  |  |
| Hours of Instruction |  | | |
| Credential |  | | |
| Credentialing Agency |  | | |
|  |  | | |
| 2. State Course Number / Name |  |  |  |
| Local Course Number / Name |  |  |  |
| Hours of Instruction |  | | |
| Credential |  | | |
| Credentialing Agency |  | | |
|  |  | | |
| 3. State Course Number / Name |  |  |  |
| Local Course Number / Name |  |  |  |
| Hours of Instruction |  | | |
| Credential |  | | |
| Credentialing Agency |  | | |

\*Add courses as necessary to include all components of the pathway

\*\*If a single CCL course is to be offered in multiple course sections to align with HS scheduling and credential requirements include the State Course Number/Name aligned to all of the multiple Local Course Number/Name items required for the pathway.

What existing NC DPI CTE career pathway/course blueprint is aligned with this WCE Pathway?

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Does the WCE Pathway meet at least 80% of the NC DPI CTE course blueprint?

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|  | Yes |  | No |

Attach syllabi for all courses associated with the WCE Pathway as well as the corresponding learning outcomes for the NC DPI CTE course blueprint as appropriate.

What existing curriculum program of study currently offered at the local community college aligns with this WCE pathway?

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Are there existing ‘credit for prior learning’ opportunities available within the local community college for credentials earned within the WCE Pathway?

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|  | Yes |  | No |

If yes, please describe:

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**FEASIBILITY**

**Students:** The local high school has determined that its existing program structure allows for a minimum of \_\_\_\_ (number of students) students to be available for this pathway. The community college and high school have determined the pathway schedule (# of weeks, instructional hours, and semesters as appropriate) to accommodate high school structure, credentialing agency requirements and instructional rigor.

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| --- | --- |
| **Proposed Pathway Schedule** |  |
| # of Semesters |  |
| # of Instructional Weeks |  |
| # of Instructional Hours |  |

Identify any pre-requisites for the WCE pathway and any individual course sections within the pathway.

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Identify successful completion metrics:

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**Statewide need/job opportunity:** Provide occupation demand projections for vocational skills and credentials earned through the identified pathway.

**Local demand/engagement:** Provide information on any workforce development partners or employers engaged in identifying local demand for vocational skills and credentials earned through the identified pathway.

**PLAN APPROVAL**

The following signatures indicate that both the community college president and the local high school administrator have reviewed and approved the plan for pathway implementation as described in this application.

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| College President (Printed) |  |  |
|  |  |  |
| College President Signature |  | Date |
|  |  |  |
|  |  |  |
| CTE Director or District Chief Academic Officer (Printed) |  |  |
|  |  |  |
| CTE Director or District Chief Academic Officer Signature |  | Date |
|  |  |  |
|  |  |  |
| High School Administrator (Printed) |  |  |
|  |  |  |
| High School Administrator Signature |  | Date |

**NORTH CAROLINA COMMUNITY COLLEGE SYSTEM OFFICE USE**

The NCCCS – Division of Workforce Continuing Education has reviewed the application for WCE Pathway as outlined in this application.

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|  | Approved | Date |  |
|  | Returned for Additional Information | Date |  |
|  | Denied | Date |  |

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| --- | --- |
|  |  |
| Associate Vice President – Workforce Continuing Education | Date |