Technical Certificate Approval/ Designation Form Template

PLEASE COMPLETE ONLINE AT
https://ohiohighered.org/content/technical_certificate_approval_designation_form

USE THIS DOCUMENT AS A REFERENCE TO THE QUESTION ON THE FORM SO THAT YOU CAN GATHER ALL OF THE NECESSARY INFORMATION TO COMPLETE ONLINE. Once you begin the form online, you cannot save, close, and return back to the online form.

I. General Information

Date *

Month

Day

Year

Institution * - Select -

Name *

Title *

Phone *

Email *

Seeking approval/designation for:

☐ One Year Technical Certificate

☐ Less-Than-One Year Technical Certificate

Name of certificate program *

Total number of certificate program hours *

☐ Clock hours

☐ Credit hours
Estimated length of time to complete *

☐ Weeks

☐ Semesters

Additional site(s) where certificate program is offered:

Is this program eligible or seeking eligibility for Title IV Funding? *

☐ Yes

☐ No

Is this program employer contracted training? *

☐ No

☐ Yes, and we would like it reviewed to see if it meets the exceptional criteria. Please find information about the fee structure for the program, accreditation recognition, internal approval process, and other pertinent factors:

In most cases, customized/contract training arranged for an employer is not applicable for technical designation review. Some exceptions have been made for employer contracted programs for which employers are paying for training through the traditional tuition structure, course work is being transcripted (for credit at colleges and universities), the program has completed traditional internal program review, and program is recognized by a USDOE regional accreditor.

If YES, please describe:
Ohio Technical Centers ONLY:
District IRN:

Ohio's Region for Technical Education (ORTE) will not approve online only programs for technical centers. Does this program have required classroom/lab components?

☐ Yes
☐ No

Colleges and Universities ONLY:
Is this certificate embedded in a degree program that is approved or pending approval?

☐ Yes
☐ No

If yes, name of degree and year submitted for approval

II. Market Supply and Demand

Does this program operate in collaboration with another educational institution? *

☐ Yes
☐ No

If Yes, please attach a copy of the signed contract or MOU with the partner institution. If an agreement is not available, please describe the roles in the partnership.

You may add an attachment below.
Add an attachment

Upload

Please list up to three SOC (Standard Occupational Classification) codes for the most common jobs for which this program prepares students:

Click here to see a list of SOC codes.

NEW CERTIFICATES ONLY: Does the institution consult with business and industry regarding the program?

☐ Yes

☐ No

Describe or provide evidence of the contact with business and industry.

This may include a list of names and organizations involved in advisory committees, meeting minutes, etc. - You may also attach up to 3 documents below.

Add an attachment

Upload

Add an attachment

Upload

Add an attachment
NEW CERTIFICATES ONLY: Identify where similar certificates are offered by other Ohio Technical Centers, Ohio community colleges, or Ohio public universities in your region.

If similar certificate programs are offered, please provide a rationale for offering an additional program.

NEW CERTIFICATES ONLY: Provide the rationale for offering this certificate. Please include state and local labor market data, specific employer or industry need for the program, and/or projected job openings and placement opportunities for students.

III. Program Information

HEI Subject/CIP Code: *

*You may upload an existing document with course; credit or clock hours per course; CTAG, TAG, or OTM designation; and elective designation (for colleges only) OR use the attached template. *

Curriculum Outline: Click here to download Curriculum Outline Template

Upload completed template *
Is this certificate designed exclusively for an apprenticeship program? *

☐ Yes

☐ No

If yes, the name of the sponsoring organization:

Is experiential learning a component of the program? *

☐ Yes

☐ No

(co-ops, internships, externships, clinical, shadowing, etc.)

If yes, please describe:

IV. Industry Credentials /Regulatory Approval

Identify the occupational license(s) or industry certification(s) on the approved list that your students could earn related to this program. If the credential you use is not on the list or you do not currently use a credential, select “Other”. *

<table>
<thead>
<tr>
<th>A<em>S</em>K Business Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountancy Board of Ohio - Certified Public Accountant (CPA)</td>
</tr>
<tr>
<td>Accreditation Council of Optometric Education/ American Optometric Association (AOA) - Certified Paraoptometric Assistant (CPOA)</td>
</tr>
<tr>
<td>Adobe Certified Associate (ADA) - Dreamweaver</td>
</tr>
</tbody>
</table>

Select more than one by holding "ctrl" or "command"

If you would like to list a certification that is not on the approved list, please use this form to submit information about the credential for approval.

Please Upload Submission Form

Upload
If your program does not align to an occupational license or certification, please provide the rationale or justification for not relating to an industry license or certification:

Certificate programs with the technical designation should be attached to an industry-recognized credential. This may include how you measure competency or skill attainment against industry standards.

Does the governing body for the industry credential or an external regulatory entity (e.g. State Board of Nursing) require approval for program, facilities, curriculum, faculty, student-teacher ratios, or other items? *

☐ Yes
☐ No

A.) If yes, what approvals have you obtained? What approvals are pending?

B.) Please provide a copy of your approval letter.

Upload (2 MB max.)

V. NEW CERTIFICATES ONLY: Transition Strategies

NEW CERTIFICATES ONLY: Select the Ohio Board of Regents - Ohio Department of Higher Education articulation and transfer initiatives in which this certificate program and its related courses are participating: (Select all that apply)
☐ (CT2) Approved Career-Technical Credit Transfer
☐ (CT2) Pending Career-Technical Credit Transfer
☐ One Year-Option eligibility
☐ Other
☐ None

NEW CERTIFICATES ONLY: What bi-lateral articulation agreements, if any, are active for this program? What bi-lateral articulation agreements are being pursued?

NEW CERTIFICATES ONLY: Describe how your institution assists students with transition into the workforce or the continuation of their education leading to a degree program.

VI. Appendix A: Certificate Definitions

I hereby certify that this certificate program has been approved by the appropriate parties at my institution for submission to the Ohio Board of Regents – Ohio Department of Higher Education and that the contents of this application are truthful and accurate.

☐ I agree

Name of submitter *

Title of submitter *

Email address of submitter *