

Illinois Community College Board

Application for *Reactivation* of a Career & Technical Education Curriculum*(for a curriculum inactive more than 1 year and less than 10 years)*

COLLEGE NAME:		5-DIGIT COLLEGE NUMBER:	
CONTACT PERSON:		PHONE:	
EMAIL:			
CURRICULUM INFORMATION			

Program Title:		Credit Hours:		CIP Code:	
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INACTIVATION DATE:	
PROPOSED IMPLEMENTATION DATE:	

PLEASE ATTACH THE FOLLOWING ITEMS:

- 1. Rationale for reactivation and program purpose:** Provide a description of the rationale for reinstating this program and what the purpose of the program will be.
- 2. Catalog description:** Provide a description of the program as it will appear in the college's catalog.
- 3. Curriculum:** Provide a copy of the curriculum. If a program is over 60 credit hours (for AAS degrees) or over 30 credit hours (for CTE Certificates), provide a rationale as to why the program exceeds those credit hours.
- 4. Labor market need:** Provide labor market data/information that supports the need for this program, and an estimate of program enrollments.
- 5. Employer partners:** List all employer partners and their locations (city/state). Employer partners include those that are actively engaged in the development, implementation, and evaluation of the CTE program.
- 6. Resources:** Provide a description of the fiscal, facilities, equipment, and faculty resources in place to adequately support the reinstatement of this program.
- 7. Accreditation:** Provide evidence of any outside program accreditation that would be necessary by other agencies, professional or regulatory entities to offer this program.

VERIFICATION	
<i>State approval for reactivation of the attached curriculum is hereby requested by the college's Chief Academic Officer on:</i>	
Signature	Required- Chief Administrative Officer Date

ICCB USE ONLY:	
REVIEWED BY:	Date:
APPROVED BY:	Date:

APPLICATION FOR REACTIVATION OF A CAREER & TECHNICAL EDUCATION CURRICULUM

INSTRUCTIONS

Community Colleges are required to submit requests to reactivate degrees and certificate programs that have been inactive to the ICCB for review and approval. ***Please note the following:***

FOR CURRICULUM THAT HAS BEEN INACTIVE/WITHDRAWN LESS THAN ONE (1) YEAR FROM THE EFFECTIVE DATE:

- Colleges may submit a direct request for reactivation through ICCIS by submitting a Reactivate proposal.

FOR CURRICULUM THAT HAS BEEN INACTIVE/WITHDRAWN MORE THAN ONE (1) YEAR BUT LESS THAN THREE (3) YEARS FROM THE EFFECTIVE DATE:

- Colleges must submit the signed/dated Form 20R cover page AND responses to questions: 1, 2, 3, and 7.

FOR CURRICULUM THAT HAS BEEN INACTIVE/WITHDRAWN MORE THAN THREE (3) YEARS BUT LESS THAN 10 YEARS FROM THE EFFECTIVE DATE:

- Colleges must submit the signed/dated Form 20R cover page AND responses to ALL QUESTIONS.

FOR CURRICULUM THAT HAS BEEN INACTIVE/WITHDRAWN MORE THAN 10 YEARS FROM THE EFFECTIVE DATE:

- Colleges must submit a new Form 20 application to ICCB. See Form 20 Application for Approval of new Career & Technical Education Program in this Manual.

NOTE: The curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or MS Word and PDF) emailed to ICCB staff.

Please send applications via email to:

Tricia Broughton, Director for Curriculum & Instruction
tricia.broughton@illinois.gov

Application. Complete the Form 20R as indicated. Templates for providing information on the curriculum, labor market information, enrollments/completions, faculty needs/qualifications, and fiscal resources can be used as appropriate. **NOTE:** The signature boxes must remain on the cover page of the application.

Application Timeline. Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by the Executive Director of the ICCB upon recommendation of ICCB Staff.

For More Information: Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Pertinent information is also contained in the [Administrative Rules](#). Contact Tricia Broughton at tricia.broughton@illinois.gov with questions.

Approval Notification. Once approval has been granted, ICCB Academic Affairs staff will notify the appropriate college staff by email. Approval documentation will include a copy of the dated Form 20R cover page and an approval letter from our Executive Director to the College President indicating the approval date of the reactivation. Once approval documentation has been received by the college, a Form 22 submission (Reactivate) through ICCIS should be submitted for updating the status of the curriculum on the Curriculum Master File. **NOTE:** The effective date of the program's reactivation should match the approval date in the approval letter from ICCB. Attach a copy of the approval documentation to the ICCIS Reactivation proposal submission.

Questions regarding the status of this documentation should be directed to Tricia Broughton at tricia.broughton@illinois.gov.

APPLICATION FOR REACTIVATION OF A CAREER & TECHNICAL EDUCATION CURRICULUM

Following are template charts that can be used to provide the requested information in the narrative response of the application.

CURRICULUM STRUCTURE

3. Curriculum Chart. List general education, career and technical education, work-based learning, and elective courses within the proposed program.

Program Title:					
	Course Prefix/#	Course Title	Credit Hours	Lecture Hours	Lab Hours
General Education Courses (<i>required</i> coursework). Specify Courses.					
Total					
Career and Technical Education (CTE) Courses (<i>required</i> coursework)					
Total					
Work-Based Learning Courses (internship, practicum, apprenticeship, etc.)					
Total					
CTE Electives					
Total					
TOTAL CREDIT HOURS REQUIRED FOR COMPLETION					

OCCUPATIONAL DEMAND

4. a) Labor Market Data. Append any occupational or industry projections data that supports the need for the proposed program(s).

4. b) Occupational Chart. List occupational titles related to the proposed program(s) and corresponding employment projections and completer data.		
Soc Job Codes & Titles * Other Job titles if alternate date also submitted	Annual District Openings*	Employment Projections: Annual Program Completers ** (indicate from which surrounding districts)

* SOC (Standard Occupational Classification) Job titles/codes & AAJO (Average Annual Job Openings) by Community College district can be found through the IDES [Illinois Dept. of Employment Security website](#).

** Program completer data can be used from the most current ICCB Data and Characteristics Report or completer data provided by the college.

4. c) Enrollment Chart. Provide an estimate of enrollments and completions over the first three years of the program. Include separate figures for each program.			
	First Year	Second Year	Third Year
Full-Time Enrollments:			
Part-Time Enrollments:			
Completions:			

EMPLOYER PARTNERS

5. Employer Partnerships. List all employer partners and locations (city/state). Employer partners include those that are actively engaged in the development, implementation, and evaluation of the CTE program. Add rows as necessary.	
Employer	Location (City/State)

FACULTY REQUIREMENTS

6. a) Faculty Qualifications. Include general minimum qualifications and those credentials that are specific to instructors in the proposed field of study (i.e. Cosmetology Instructor Certification to teach Cosmetology).

Degree	Field	Credential	Years of Related Occupational Experience	Years of Teaching Experience

6. b) Faculty Needs. Cite the number of faculty, including new and existing faculty that the program will need for each of the first three years noting if they will serve as full-time faculty or part-time.

	First Year		Second Year		Third Year	
	Full-Time	Part-time	Full-Time	Part-time	Full-Time	Part-time
# of New Faculty						
# of Existing Faculty						

FISCAL SUPPORT

6. c) Finance Chart. Identify projected new direct costs to offer the program over the next three years.

	First Year	Second Year	Third Year
Faculty Costs	\$		
Administrator Costs			
Other Personnel costs (specify positions)			
Equipment Costs (append list)			
Library/LRC Costs			
Facility Costs			
Other (specify)			
TOTAL NEW COSTS	\$	\$	\$