Program Proposal Form

New Program Approval

Submit by Email | Print Form

Community Colleges and Workforce Preparation
Grimes State Office Building
Des Moines, Iowa
50319-0146
Phone: 515-281-3636
Fax: 515-281-6544
www.iowa.gov/educate

Institution: _____

Program Title/Name

State Title: _____

Local Title: _____

Program Summary

Program Codes

CIP Number: _____

Instructional Level: _____

Type of Program: _____

Special Emphasis: _____

Object and Purpose: _____

Background Information

Type of Award: _____

Anticipated Start Date: _____

Anticipated Total Annual Enrollment: _____

Anticipated Total Annual Graduates: _____

Projected Graduates After Five Years: _____

Program Description *(200 words or less)*

Program Contact

Name: _____

Phone: _____

E-mail: _____

President: _____

Date: _____

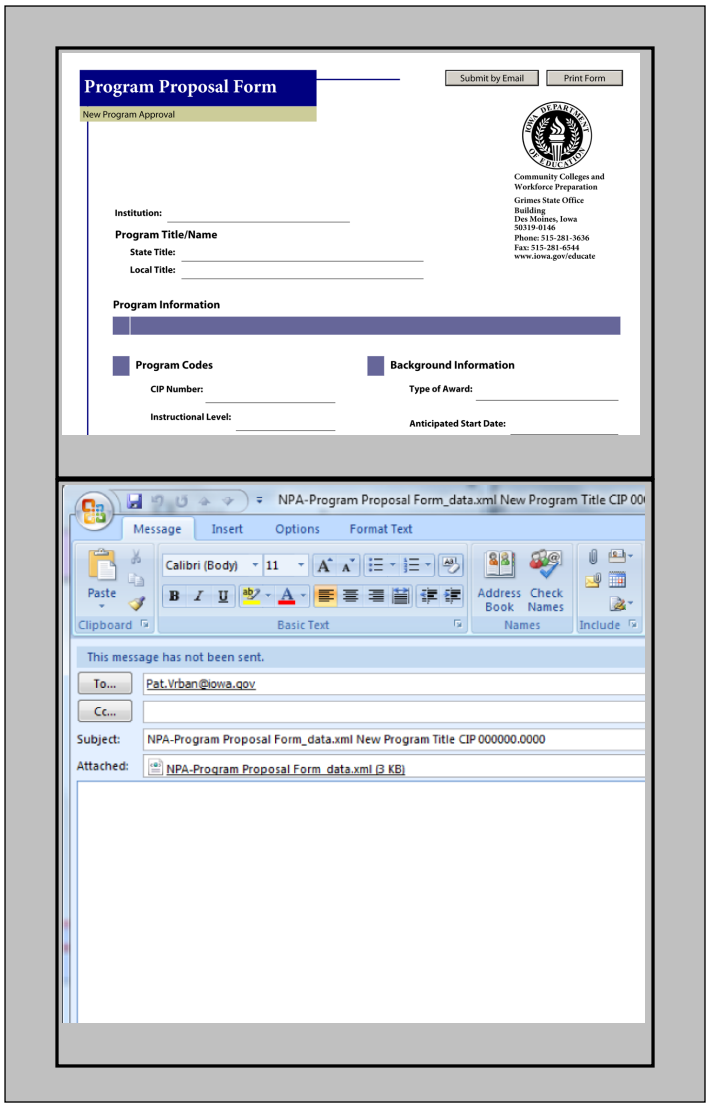
General Instructions

The program proposal form includes the new program proposal form, assurances form, and advisory committee membership form. When completing the proposal, please refer to *Program Approval: Guidelines for Iowa Community Colleges,* available on the program approval section of the Department of Education website. This publication explains the new program approval process and associated requirements. To avoid delays in processing, please ensure the proposed program is in compliance with department rules and guidelines. Please note the program proposal form should be submitted only after action is taken on the program intent form for the program.

Please submit this form **electronically** via e-mail using the submission button provided (see inset at right).

When complete, this form may be submitted by clicking the "Submit by E-mail" button at the top right hand corner of the first page of the form. The e-mail may be prepared by the default e-mail application on your computer (e.g., Outlook) or a web-based e-mail application (e.g., Gmail). In either case, the proposal form will be submitted as an attachment. Prior to sending the form, please also attach the completed electronic AS-28 data set for the program and all other required documentation (PDF format preferred). Paper documents should be scanned and attached electronically to the e-mail containing the new program proposal form. Additionally, please add the program CIP number to the subject line of the e-mail (e.g. "New Program Approval: XXXXXX.XXXX).

Using the "Print Form" button on the top right hand corner of the first page of the form, you may print a copy for your records.



Please note the department collects some of the information in this form so that it may complete and submit the Iowa Coordinating Council for Post High School Education Program Intent Form on behalf of the college.

Outline of the program proposal submission process

1. Gather all required documentation
2. Complete New Program Approval (NPA) Program Proposal Form
3. Click the "Submit by Email" button
4. Add program title and CIP to the subject line
5. Attach the following documents:
   - 1-AS-28 data set and program summary generated using department provided tool
   - 2-Labor market information
   - 3-Evidence of collaboration with postsecondary institutions with similar programs
   - 4-Articulation agreements
   - 5-Standards and benchmarks
   - 6-Program summary and course descriptions
   - 7-Memorandum of understanding (if offered jointly with another postsecondary institution)
   - 8-Other supporting documentation
6. Click 'Send' to submit the proposal

Program Need

As indicated in department guidelines, colleges shall submit labor market information to demonstrate societal need for the proposed program including Iowa Workforce Development projections of job openings, regional economic studies, employer surveys and/or other data. Information submitted may be for the college region, a laborshed, or statewide. National data may be used only if it can be demonstrated that career mobility is common. Attach all relevant documentation to the proposal upon submission.

Employment Opportunities for Program Completers

Job Title	Annual Openings	Annual Supply*	Entry Level Salary

* Annual supply is the number of completers of all postsecondary programs, including the proposed program, serving the geographic area that prepare students for the listed job title.

Geographic Scope of the Data

- ◯ **Regional**
- ◯ **State**
- ◯ **National/ Varied**

If national data is utilized, please explain why graduates are likely to relocate. If the scope of the data varies by job title, please explain.

Source(s) of Labor Market Information Provided *(include date collected)*

Description of Need

Describe the projected need for the program now and in the future. Explain how the estimated output of this program and similar programs at other institutions do not exceed projected need.

Program Duplication

Public and Private Institutions with Similar Offerings

List the program(s) similar to the proposed program and the postsecondary institution(s) delivering the program(s).

Collaboration with Other Postsecondary Institutions

Describe efforts to collaborate with other postsecondary institutions with similar programs. Attach any correspondence with affected institutions regarding the proposed program and other evidence of collaboration.

State or Regional Priority

If applicable, describe any special need for this program in the state of Iowa.

Additional Comments

Provide any additional comments regarding possible program duplication (e.g., why the program is unique and justified even though a similar program is offered, why harmful competition does not exist, etc).

Institutional Approval

Governing Board

Date of Governing Board Approval: _____

Internal Approval Process

Briefly describe the academic governance process used for institutional approval of this program.

Program Articulation and Linkages with Other Institutions

Program Linkages and Articulation Agreements

Type of Linkage (Check All That Apply)

- ☐ **Tech Prep or Career Academy Agreement with Secondary District(s) or High School(s)**
- ☐ **Articulation Agreement(s) with Secondary District(s) or High School(s)**
- ☐ **Program of Study Meeting Perkins Act Requirements**
- ☐ **Concurrent Enrollment Agreement(s) with Secondary District(s) or High School(s)**
- ☐ **Articulation Agreement(s) with Four Year Institution(s)**
- ☐ **Articulation Agreement(s) with Apprenticeship Program(s)**

For ASCO programs only, provide a description of each signed articulation agreement. Attach all agreements.

Receiving/Sending Institution	Brief Description of Agreement

Program Content

Upon submission, attach the completed AS-28 data set for the program, a summary of courses by term, course descriptions, and program standards and benchmarks.

Specialized/Professional Accreditation

Is this program required to have specialized or professional accreditation?

◯ **Yes** ◯ **No**

What is the status of program accreditation?

◯ **Obtained** ◯ **Pursuing** ◯ **Not Pursuing** ◯ **N/A**

If pursuing accredited status, please provide the time line for aligning program standards with the accrediting body and obtaining accredited status. If a specialized or professional accreditation exists but is not being pursued, please briefly explain why this is appropriate.

Licensure and Certification

Is this proposed program intended to prepare students for an occupation requiring licensure, certification, or registration?

◯ **Yes** ◯ **No**

Is the proposed program intended to prepare students for an industry certification or to obtain a marketable industry-issued credential?

◯ **Yes** ◯ **No**

If one or more industry-recognized third party certifications or other credentials are relevant in the occupation(s) but the proposed program will not prepare students for them, please explain.

Assessment

Describe the plan for assessing student attainment of program standards and benchmarks.

Equity

Provide the projected male-to-female student ratio. Briefly describe strategies to enhance the enrollment and success of students from the nontraditional gender, if applicable. The federal list of nontraditional programs can be found in the MIS reporting manual.

Briefly describe strategies to enhance enrollment of underrepresented students in terms of racial or ethnic background.

Jointly Offered Programs

If the proposed program will be jointly offered by more than one postsecondary institution, please describe the arrangement. Attach the Memorandum of Understanding (MOU) and information regarding the entire program including portions delivered by other institutions.

Mode of Delivery *(for ICCPHSE Intent Form)*

- ◯ **On campus**
- ◯ **Off campus - face-to-face**
- ◯ **Off campus - online**

ICCPHSE Intent Form

If appropriate, please provide additional comments for inclusion on the Iowa Coordinating Council for Post High School Education (ICCPHSE) Program Intent Form.

Assurances Form

New Program Approval

Community Colleges and Workforce Preparation

Grimes State Office Building
Des Moines, Iowa
50319-0146
Phone: 515-281-3636
Fax: 515-281-6544
www.iowa.gov/educate

Institution: _____

Program: _____

Assurances

The applicant assures that in carrying out this program it will comply with federal and state laws which prohibit discrimination on the basis of race, color, national origin, gender, disability, religion, creed, age, sexual orientation, gender identity, age, political party affiliation, or actual or potential parental, family or marital status in educational programs and activities.

The applicant assures that equitable access will be provided to all students.

The applicant assures that multicultural, gender fair approaches will be used in planning and implementing programs.

The applicant assures that employers in work-site based training programs do not discriminate against employees or customers and provide an environment free of racial and sexual harassment. Students will be accepted for on-the job training, clinical or work experiences, assigned to jobs and otherwise treated without regard to race, color, national origin, gender, marital status or disability.

The applicant assures that services to students with disabilities are provided in the least restrictive environment that will meet their needs.

The applicant assures that reasonable accommodations are provided to students with disabilities.

The applicant assures that the programs include competency-based applied learning which contributes to an individual's academic knowledge, higher-order reasoning and problem-solving skills, work attitudes, general employability skills, and occupational-specific skills.

If this program is a shared program with another community college, the applicant assures that the appropriate contracts and agreements are in place.

The applicant assures that instructors teaching in this program will be appropriately prepared.

The applicant assures that the college is in compliance with the Code of Iowa, Chapter 260C.14(1) concerning duplication of programs.

President: _____

Date: _____

Advisory Committee Form

New Program Approval

Community Colleges and Workforce Preparation

Grimes State Office Building
Des Moines, Iowa
50319-0146
Phone: 515-281-3636
Fax: 515-281-6544
www.iowa.gov/educate

Institution: _____

Program Title: _____

Date of Advisory Council or Committee Approval: _____

Membership

1. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background _____

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

2. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background _____

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

3. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background _____

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

4. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

5. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

6. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

7. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

8. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

9. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

10. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

11. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

12. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

13. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

14. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

15. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

16. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

17. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No

---

18. **Name:** _____

Employer: _____

Position: _____

Gender: ◯ Male ◯ Female

Racial/Ethnic Background

Disability: ◯ Yes ◯ No

Member of Organized Labor: ◯ Yes ◯ No