

4-1 PROPOSAL FOR EMBEDDED TECHNICAL DIPLOMA or WTCS PATHWAY CERTIFICATE FORM

College:

College Contact:

Contact Phone:

College Contact email:

Education Director Consulted: Select Education Director

Date Consulted:

- a. Already Approved Program number and title:
- b. Proposed Embedded Technical Diploma/WTCS Pathway Certificate Number:
- c. Proposed Embedded Technical Diploma/WTCS Pathway Certificate Title: (text box limit 50 characters)
- d. Proposed Embedded Technical Diploma or WTCS Pathway Certificate Description: (text box limit 550 characters)
- e. Major worker duties and responsibilities for the proposed program. (text box limit 275 characters)

☐ Supporting documentation attached as “Attachment A”

f. Mean Starting Hourly Salary:

g. Projected job openings per year: Year 1 Year 3 Year 5

Projected completers per year: Year 1 Year 3 Year 5

h. SOC {Standard Occupational Classification}:

Please provide your rationale for using this SOC Code: (text box limit 275 characters)

☐ Supporting documentation attached as “Attachment B”

i. Proposed CIP {Classified Instructional Program}

j. Please provide your rationale for using this CIP Code: (text box limit 275 characters)

☐ Supporting documentation attached as “Attachment C”

k. Summary of Analysis of how this program supports employment demand is found in the supporting documentation attached as “Attachment D” ☐ Refer to Chapter 3 for explanation of required documentation.

l. Attach Appropriate Curriculum configurations and articulation.

☐ Proposed Curriculum Articulation attached as “Attachment E”

m. Attach the illustration/visual representation of the stacked credential. The illustration must show the entire career pathway including each stacked credential within it, curriculum map as well as what specific job each stacked credential leads to. TIP: Ask your College Career Pathway Coordinator for assistance in creating the illustration/visual representation.

☐ Illustration attached as “Attachment F”

n. Program method of delivery:

☐ 100% Online ☐ 100% Face to face ☐ Hybrid ☐ Competency Based

o. Plans for quantitative and/or qualitative assessment (text box limit 275 characters)

☐ Supporting documentation attached as “Attachment G”

p. Attach a list of team members and summary of program advisory committee discussion of proposed program. Advisory Committee Minutes must show support for the stacked credential as well as approval of the illustration/visual representation of the stacked credential within a career pathway.

☐ Documentation attached as “Attachment H”

Signature: _____ Date: _____
Financial Aid Manager

Printed Name: _____

Signature: _____ Date: _____
District President or Instructional Services Administrator

Printed Name: _____

When document is complete, please follow your district’s procedures for review and submission. The appropriate personnel should submit this form along with all attached documentation in a single .pdf file to programs@wtcsystem.edu.