



Public Schools of North Carolina
State Board of Education
Department of Public Instruction



CCP Workforce Continuing Education Pathway
APPLICATION FORM – Local Articulation

Community College

High School

Career Pathway Title

Career Cluster

College Point of Contact

Name

Title

Phone

Email

High School Point of Contact

Name

Title

Phone

Email

PLAN APPROVAL

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

College President (Printed)

College President Signature

Date

Senior CE Administrator (Printed)

Senior CE Administrator 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

Regional CTE Coordinator (Printed)

Regional CTE Coordinator Signature

Date

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Pathway Aligns with NC DPI CTE Course Blueprint

_____ Yes

_____ No

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.**

FISCAL POLICY NOTE: Please consult the Fiscal and Policy Guide for guidance pertaining to funding of CCP expenses. These policies would be the same for Workforce Continuing Education.

Does a pathway or program exist currently at the Secondary level or Postsecondary level?

_____ Yes _____ No

If yes, what is the justification for the duplication of effort?

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

Does the WCE Pathway meet 100% of the NC DPI CTE course blueprint or credential outcomes?

_____ Yes _____ No

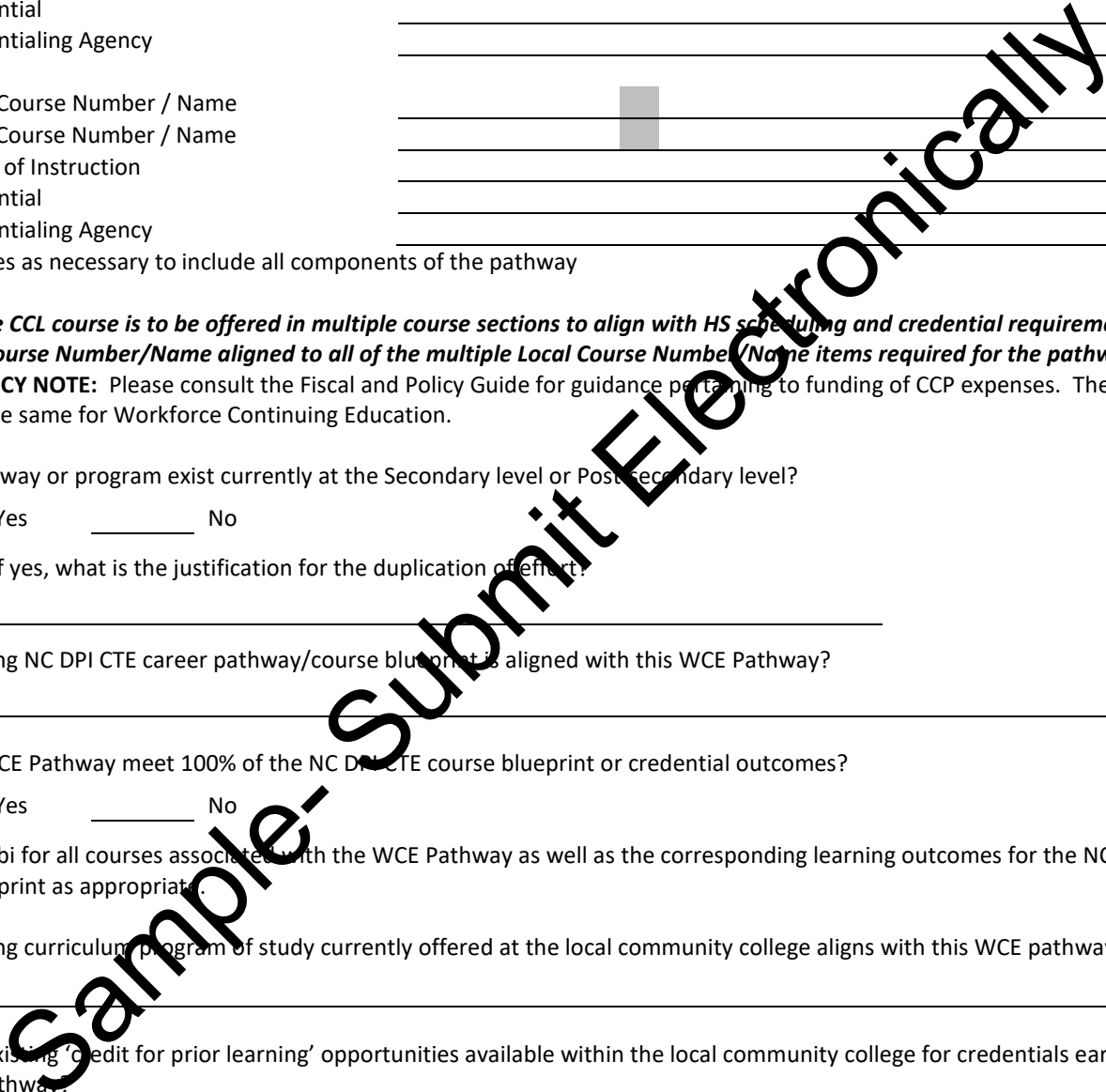
Attach syllabi for all courses associated with the WCE Pathway as well as the corresponding learning outcomes for the NC DPI CTE course blueprint as appropriate.

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

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

_____ Yes _____ No

If yes, please describe:



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.

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.

Colleges should consider local institution pre-requisites, CCP eligibility criteria and any credentialing agencies requirements for course participation and/or exam as pre-requisites for WCE pathways. Examples below:

- *CCP criteria as defined within 1D SBCCC 300.4 (c)(1)(D) and the CCP Operating Procedures*
- *DHSR requires that Nurse Aide I students be 16 ½ at the beginning of the term in which their course starts*
- *PTCB requires that pharmacy technician students must be within 60 days of HS graduation or equivalent to sit for exam*
**As of January 2020, students may sit for exam within the 60 days, but certification will not be granted without proof of HS diploma or equivalent*
- *NHA requires that phlebotomy students be within one year of graduation to sit for exam*

Identify successful completion metrics:

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

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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.

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.

_____	Approved	Date	_____
_____	Returned for Additional Information	Date	_____
_____	Denied	Date	_____

Associate Vice President – Workforce Continuing Education

Date

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