NC Workforce Continuing Education

Colleague Credential Request Form

The NC Community College System Office maintains an agency credential lists that ties credentials to Workforce Continuing Education course sections. Colleges may request new credentials be added by submitting this form to WCERequests@nccommunitycolleges.edu.

I. Requestor Information

College:	
Contact Name:	
Contact Phone:	
Contact Email:	

II. Credential Information

Credential Type (Mark One)	Industry Stat	te	National	Workforce Sector
Credential	Name:			
Credentialling Agency	Name:			
Credential Desci	iption:			
Skills Outcomes	(3-6):			
Criteria for Awardi Crec	ng the ential:			
Occupations Aligned Crec	to the ential:			
Website Link (if ava	ilable)			

Note: If the credential type is **Workforce Sector**, provide and/or attach the following information.

- Advisory Group membership 0
- Meeting minutes outlining industry need 0
- Labor market outlook for impacted positions 0
- Curriculum outline validated through appropriate advisory group/employers 0

III. **Course Information**

Course ID: (xxx-xxxx)	
Program Area Code and Title:	
Projected Scheduled Hours:	

IV. If applicable, attach additional information, comments, or resources relevant to your submission.