**REVISE Occupational Skills Award (OSA) CTE Only**

1. [The 6th Edition of the Program and Course Approval Handbook (PCAH)](http://extranet.cccco.edu/Portals/1/AA/Credit/2017/PCAH6thEditionJuly_FINAL.pdf) outlines state requirements for all types of programs and guidelines MUST be followed.

**Program Type Revision to OSA**

**Required Documents**

**Check Boxes represent elements that must be included and attached**

1. **Narrative (all items saved in one Word document)** [ ] Attached

[ ]  Item 1 (Program Goals and Objectives)

[ ]  Item 2 (Catalog Description and PSLOs)

[ ]  Item 3 (Appropriate Program Requirement Chart depending on program type)

1. **Additional Documentation** (submit as 2 separate documents)
2. Labor Market Documentation (EMSI Report**)** [ ] Attached
3. Labor Market Analysis (PCAH pg. 86-89)[ ] Attached
4. **Licensing or Accrediting Standards** (if Applicable) [ ] Attached

**Required Data Elements**

**Program Award: Occupational Skills Award**

**Proposal Title**: Click here to enter text.

**Program Goal**: **LOCAL OSA**

**TOP Code:** Click here to enter text.

**CIP Code:** Click here to enter text.

**SOC Code:** Click here to enter text.

**Effective Date (**The first day of classes in the next academic year): Click here to enter text.

**Justification Statement**: Click here to enter text.

Describe/list the change(s) and reason for those change(s)

**Total Units required for the Program (Minimum)**: Click here to enter text.

**Total Units required for the Program (Maximum)**: Click here to enter text.

**Annual Completers**:

Estimated from previous 3 years of existing program completions or projected to be awarded.

**Faculty Workload**: Click here to enter text.

 Formula TBD

**Net Annual Labor Demand**: Click here to enter text.

Calculated from the EMSI report: Annual Openings - Regional Program Completions = Net

**New Faculty Positions (enter 0 if none)**: Click here to enter text.

**New Equipment $** (if any, enter 0 if none): Click here to enter text.

**New/Remodeled Facilities $** (if any, enter 0 if none): Click here to enter text.

**Library Acquisitions $** (if any, enter 0 if none): Click here to enter text.

**Next Program Review Due Date**: Click here to enter text.

**Distance Education %**: Choose an item.

Identify, as a percentage, the extent to which courses in the program could be completed online.

**Accurate and complete information is essential for the Curriculum Office to be able to process program submissions for new and revised programs in a timely fashion.**

**The following signatures confirm that the information and data provided is accurate and complete.**

*Faculty Initiator (If other than Department Chair): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Division Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*