### Career and Technical Education

### New York State Education Department

# Approval Application for CTE Programs: Part 1

This application for initial approval must be submitted no later than October 1, 2025 for programs that wish to obtain approval for the 2026-2027 school year. Please complete an application for EACH program seeking approval.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. Program Information | | | | | | | | | |
| School district or BOCES: | | Agency code: | | | | | | | |
| Program name: | | CIP code (See [CTE web page](http://www.nysed.gov/career-technical-education/cte-cip-codes) for list of CIP codes): | | | | | | | |
| Program site(s) (Please identify below **all** locations where program content is delivered): | | Location BEDS code(s) (Please list below the location BEDS codes for **all** sites in which program content is delivered): | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
| Contact name:        Contact address:      ,       ,        Contact phone:      Contact e-mail address: | | Contact information to be posted on SED’s website (if different)  Contact name:        Contact phone:  Contact e-mail address: | | | | | | | |
| Has this proposed program been offered as a NYSED-approved CTE program in the last five years? Yes No | | Operational approval is **required** for appearance enhancement, barbering, and health sciences programs only. Has the program achieved operational approval status? Yes No NA | | | | | | | |
| B. Program Data | | | | | | | | | |
| What is the total anticipated enrollment in this specific CTE program for each academic year? | Of this total, what is the anticipated enrollment for students with IEP plans? | | | | Of this total, what is the anticipated enrollment for students with Section 504 plans? | | | | |
| Grade 9  Grade 10  Grade 11  Grade 12  Cumulative Total | Grade 9  Grade 10  Grade 11  Grade 12  Cumulative Total | | | | Grade 9  Grade 10  Grade 11  Grade 12  Cumulative Total | | | | |
| C. Self-Study | | | | | | | | | |
| Complete the Self-Study Section C in part 2 of the application. | | | | | | | | | | |
| D. Program Content | | | | | | | | | |
| Complete the Program Content Section D in part 2 of the application and the related information below. | | | | | | | | | |
| How many total units of **credit** is this program of study? | | | | | | | | | |
| How is the content of Career and Financial Management delivered?  This one-half unit of instruction is a required component of all CTE programs. | | | | | Embedded | | | Stand-alone | |
| Which **integrated** units of credit are you seeking approval for in this application? | | | None | ELA | | Mathematics | Science | | Social Studies |
| Which **specialized** units of credit are you seeking approval for in this application? | | | None | ELA | | Mathematics | Science | | Social Studies |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| E. Work-Based Learning (WBL) | | | | | | |
| Complete the Work-Based Learning (WBL) Section E in part 2 of the application and the related information below. | | | | | | | |
| What types of work-based learning opportunities will be available to students in this specific CTE program? For clarification, see [WBL manual](https://www.nysed.gov/sites/default/files/programs/career-technical-education/wbl-manual_2.pdf). | | | | | | |
| **New York State Registered Programs**  **(include expiration date)** | | **Unregistered WBL Experiences** | | | | |
| Cooperative CTE Work Experience Program (CO-OP)  Expiration date: | | School-based enterprise | | | Supervised clinical experience  (Health Sciences ***requirement***)  (please also submit a copy of the current affiliation agreement(s) with application) | |
| Career Exploration Internship Program (CEIP)  Expiration date: | | Industry-based projects | | |
| General Education Work Experience Program (GEWEP)  Expiration date: | | Job shadowing | | | Unregistered school-year/summer internships | |
| Community service/volunteering | | | Other (please explain) | |
| **F.** **Employability Profile** | | | | | | | |
| Complete the Employability Profile Section F in part 2 of the application. | | | | | | | |
| **G. Technical Assessment** | | | | | | | |
| Provide name of vendor, agency or consortium that developed the (A) written and (B) performance part of the technical assessment. Provide a brief description of (C) locally developed project/portfolio.  A. Third party, industry-developed written examination(s)    B. Third party, industry-developed student demonstration(s) of technical skills (performance)    C. Locally developed project/portfolio | | | | | | | |
| Note: Consortium developed assessments are allowed only when no technical examination exists in a particular field; the assessment must include written examination(s), student demonstration(s) of technical skills, and student project/portfolio(s). Students must pass all three parts. | | | | | | | |
| H. Postsecondary Articulation Agreement | | | | | | | |
| Complete the Postsecondary Articulation Agreement Section H and the related information below. | | | | | | | |
| With which postsecondary partner(s) do you have an articulation agreement? | | | | | | | |
| What are the benefits to the student? | College credit | | Advanced standing | Reduced tuition | | Other, please specify | |
| I. Faculty | | | | | | | |
| Complete the Faculty Certifications Section I. | | | | | | | |
| **J. External Review Committee** | | | | | | | |
| Complete the External Review Committee Section J. | | | | | | | |

|  |
| --- |
| **K. Chief Administrator’s and Board President’s Certification** |
| I hereby certify that all components of the Career and Technical Education Program reported herein are available to students upon approval of this application by the State Education Department. I certify that data on student progress and performance to evaluate student success on Regents examinations or approved alternatives, technical assessments, and placement in employment, the military or postsecondary education programs will be made available to the State Education Department upon request.  Name                 Title                 Date        Signature of Superintendent  Name       Title       Date        Signature of Board President: |

**Submission requirements**: This application form (Part 1) must be submitted both electronically and as a mailed paper copy. This application form must be emailed to [emsccte@nysed.gov](mailto:emsccte@nysed.gov) as a **Microsoft Word document**.

Initial applications for new programs seeking implementation for the 2026-27 school year must be submitted no later than October 1, 2025. Programs must receive approval by December 1, 2025, to ensure students are enrolling in a NYSED-approved CTE program and can be reported to the Student Information Repository System (SIRS) for the 2026-27 school year.

A paper copy of this application form with **original signatures of the superintendent and board president** must be mailed to:

CTE Program Approval  
New York State Education Department  
Office of Career and Technical Education  
89 Washington Avenue, Room 315 EB  
Albany, New York 12234

09/23/2024