

**INSTITUTIONAL OCCUPATIONAL
SKILLS AWARD
INFORMATION AND
FORMS**

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
INSTITUTIONAL OCCUPATIONAL SKILLS AWARD
APPLICATION FOR APPROVAL OF NEW OCCUPATIONAL SKILLS AWARD

STATEMENT OF ASSURANCES

EFFECTIVE DATE:			
INSTITUTION:		FICE CODE:	
PROGRAM NAME:		PROPOSED CIP CODE:	
AWARD TITLE:		AWARD CIP CODE:	
<p>In submitting this application for a new Institutional Recognition/Occupational Skills Award in workforce education, I certify that all of the following criteria have been met in accordance with THECB guidelines as cited in the <i>Guidelines for Instructional Programs in Workforce Education</i> (GIPWE):</p>			
	<p>The Occupational Skills Award is between 9-14 SCH for credit courses or 144-359 contact hours for workforce continuing education courses.</p>		
	<p>The content of the award must have been recommended by an external workforce advisory committee, or the occupation must appear on the Local Workforce Development Board's Demand Occupations list.</p>		
	<p>In most cases, the award must be composed of WECM courses only. However, non-stratified academic courses may be used occasionally if recommended by the external committee and if appropriate for the content of the award.</p>		
	<p>If the award does not have at least 50 percent of its course work in a CIP code area in which the college has an approved program on the THECB Program Inventory, the college must comply with the Single Course Delivery guidelines published by the THECB.</p>		
	<p>The college should document that the award prepares students for employment in accordance with guidelines established for WIA (Workforce Investment Act).</p>		
Signature of Institution CEO		Date	

For assistance, contact Teresa Moomaw at (214) 378-1783 or by e-mail at tmoomaw@dcccd.edu.

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**INSTITUTIONAL OCCUPATIONAL SKILLS AWARD
APPLICATION FOR APPROVAL OF NEW OCCUPATIONAL SKILLS AWARD**

INSTITUTION: <i>(Enter name of institution below)</i>		FICE CODE: <i>(Enter six-digit FICE code below)</i>						
PROGRAM NAME: <i>(Enter the program title below)</i>		PROGRAM CIP: <i>(Enter program CIP code below)</i>						
EFFECTIVE DATE OF REVISION <i>(see below)</i>								
For Career/Technical Program <i>(choose only one from below)</i>								
		01-01-2017 (Spring Semester)			01-01-2018 (Spring Semester)			
		09-01-2017 (Fall Semester)			09-01-2018 (Fall Semester)			
For Continuing Education Program <i>(choose only one from below)</i>								
		03-01-2017 (3 RD Quarter)			03-01-2018 (3 RD Quarter)			
		06-01-2017 (4 th Quarter)			06-01-2018 (4 th Quarter)			
		09-01-2017 (1 st Quarter)			09-01-2018 (1 st Quarter)			
		12-01-2017 (2 nd Quarter)			12-01-2018 (2 nd Quarter)			
Action Code	Award Type	AWARD TITLE			CIP Code	Length (Sem/Qtr)	Max Cont Hrs	Max Credit Hrs
A	OSA							
A	OSA							
A	OSA							
A	OSA							
Action Code:		A = Add Award						
Award Type:		OSA <i>(Occupational Skills Award 9-14 SCH or 144-359 CEU contact hours)</i> TSI WAIVED						

OFFICE OF WORKFORCE AND ECONOMIC DEVELOPMENT USE ONLY

	214-378-1746	214-378-1710	williamsjoyce@dcccd.edu
Joyce Williams Associate Vice Chancellor, Workforce and Community Initiatives <i>(Contact Person Name and Title)</i>	Telephone	Fax	E-mail

For assistance, contact Teresa Moomaw at (214) 378-1783 or by e-mail at tmoomaw@dcccd.edu.

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**CAREER AND TECHNICAL
INSTITUTIONAL OCCUPATIONAL SKILLS AWARD
PROGRAM REVISION FORM**

INSTITUTION: <i>(Enter name of institution below)</i>			FICE CODE: <i>(Enter six-digit FICE code below)</i>				
PROGRAM NAME: <i>(Enter the program title below)</i>			PROGRAM CIP: <i>(Enter program CIP code below)</i>				
EFFECTIVE DATE OF REVISION <i>(see below)</i>							
For Career/Technical Program <i>(choose only one from below)</i>							
		01-01-2017 (Spring Semester)			01-01-2018 (Spring Semester)		
		09-01-2017 (Fall Semester)			09-01-2018 (Fall Semester)		
For Continuing Education Program <i>(choose only one from below)</i>							
		03-01-2017 (3 RD Quarter)			03-01-2018 (3 RD Quarter)		
		06-01-2017 (4 th Quarter)			06-01-2018 (4 th Quarter)		
		09-01-2017 (1 st Quarter)			09-01-2018 (1 st Quarter)		
		12-01-2017 (2 nd Quarter)			12-01-2018 (2 nd Quarter)		
Action Code	Award Type	AWARD TITLE		CIP Code	Length (Sem/Qtr)	Max Cont Hrs.	Max Credit Hrs.
	OSA	Current:					
	OSA	Proposed:					
	OSA	Current:					
	OSA	Proposed:					
	OSA	Current:					
	OSA	Proposed:					
	MSA	Current:					
	MSA	Proposed:					
Action Code:	RV = Revised, DE = Deactivate, CL = Close						
Award Type:	OSA <i>(Occupational Skills Award 9-14 SCH or 144-359 CEU contact hours)</i> TSI WAIVED						

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