**Certification Form for New Certificate Programs**

**at Universities and Health-Related Institutions**

**Texas Higher Education Coordinating Board**

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| Directions: An institution shall use this form to notify the Coordinating Board of a new certificate program that meets all criteria for approval in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.44: (a) The certificate program has institutional approval, (b) the institution certifies that adequate funds are available to cover the costs of the new certificate program, and (c) the certificate program meets all other criteria in Section 5.48 of Board Rules (relating to Criteria for Certificate Programs at Universities and Health-Related Institutions).  Information: Contact the Division of Workforce, Academic Affairs and Research at 512/427-6200 for more information. |

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| **Administrative Information**  1. Institution: |
| 2. Program Name: Show how the program would appear on the Coordinating Board’s program inventory (*e.g., Upper-Division Certificate in Management; Graduate Certificate in Human Resources; Undergraduate or Post-Baccalaureate EC-6 Generalist Bilingual Certificate*). |
| 3. Proposed CIP Code:  4. Number of Semester Credit Hours Required: |
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| 5. Administrative Unit: Identify where the certificate program would fit within the organizational structure of the university (*e.g., The Department of Electrical Engineering within the College of Engineering*). |
| 1. Implementation Date: Report the first semester and year that students would enter the program. |
| 7. Contact Person: Provide contact information for the person who can answer specific questions about the program.  Name:  Title:    E-mail:  Phone: |

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| **Signature Page**  I hereby certify that all of the following criteria have been met in accordance with the procedures outlined in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.44:   1. The certificate program has institutional approval. 2. The certificate program meets all other criteria in Section 5.48 of this title (relating to Criteria for Certificate Programs at Universities and Health-Related Institutions):   (c) Certificate programs for which academic credit is granted at universities and health-related institutions must meet the following criteria:  (1) They must meet identified workforce needs or provide the student with skills  and/or knowledge that shall be useful for their lives or careers.  (2) They must be consistent with the standards of the Commission on Colleges of the  Southern Association of Colleges and Schools.  (3) They must meet the standards of all relevant state agencies or licensing bodies  which have oversight over the certificate program or graduate.  (4) Adequate financing must be available to cover all new costs to the institution five  years after the implementation of the program.  (d) The following certificate programs do not require Board approval or notification:  (1) certificate programs for which no collegiate academic credit is given,  (2) certificate programs in areas and at levels authorized by the table of programs of  the institution with curricula of the following length:  (A) at the undergraduate level of 20 semester credit hours or less,  (B) at the graduate and professional level of 15 semester credit hours or less.  (e) The following certificate programs shall be approved if the following conditions are met:  (1) The proposed certificate is an upper-level undergraduate certificate of 21-36 hours  in disciplinary areas where the institution already offers an undergraduate degree  program.  (2) The proposed certificate is a graduate-level and professional certificate of 16-29  hours in disciplinary areas where the institution already offers a graduate program  at the same level as the certificate.  I certify that my institution has notified all public institutions within 50 miles of the teaching site of our intention to offer the program at least 30 days prior to submitting this request. I also certify that if any objections were received, those objections were resolved prior to the submission of this request.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief Executive Officer Date |