

**NEW CERTIFICATE FORM**

**Academic Issues Committee Requirement:**

A **certificate** program is a course of study which, by virtue of its educational content or duration, does not satisfy requirements for an associate degree program, but which is specifically designed to offer content and skill acquisition and other experiences appropriate to the objectives of such a program.  **In accordance with the New Jersey Presidents’ Council guidelines, certificate program shall consist of 30-36 credits, including 6 credits of general education**. **The Council also recommends that clusters of courses less than 30-36 credits be referred to as Certificates of Achievement.** Procedures for institutional notification to the Department of Education for new certificates require submission of specific data in order for a certificate to be eligible to participate in financial aid programs.

**The credits earned in a certificate program should be applicable to a related degree program.**

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| **Name of New Certificate:** |  |
| **Originator:** |  |
| **Date:** |  |
| **Catalog Description:– Include jobs the certificate prepares students for** |  |
| **Program Learning Outcomes:** |  |
| **Number of Total Credits:** |  |
| **Curriculum**  **Attach to the form the list of courses and sequence. Check course prerequisites to ensure all courses are included in the certificate.** | |
| **Need for the Certificate.**  *Answer questions A through D* | |
| 1. **How did you determine the need for this Certificate? Example, what need does this certificate address and how did the department become aware of the need. How does the certificate development relate to the institutional plans and goals?** | |
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| 1. **Describe how the certificate was designed to meet market needs. Indicate if Bureau of Labor Statistics or State labor data systems were used or state/local agencies consulted. How was the course content, program length, prerequisites decided? Include formation regarding the target students and employers. Please submit any back up documentation to support your statements.** | |
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| 1. **Describe any wage analysis you may have performed, including data from the Bureau of Labor Statistics** | |
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| 1. **Describe how the program was reviewed or approved by: Advisory Committees, accrediting agency, employers, others. Example: Describe the steps taken to develop the program, discussions, correspondence, and process – when and with whom.** | |
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| **List similar programs in the State:** |  |
| **Estimate enrollment:** |  |
| **Describe resource requirements to offer the Certificate as to facilities, equipment, staffing print/non-print materials, other.** | |

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| **Approvals/review** | |
| **Department Chair** | **Date** |
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| **Institute Dean** | **Date** |
|  |  |
| **Counselor** | **Date** |
|  |  |
| **Reviewed by Institute Administrator** | **Date** |

\*Email form and send hard copy with signatures to [pschuberth@brookdalecc.edu](mailto:pschuberth@brookdalecc.edu)

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| **Reviewed by Institute Deans** | | **Date** |
| **Academic Council** | | **Date** |
|  | |  |
| **General Education (if applicable)** | | **Date** |
|  | |  |
| **Vice President for Learning** | | **Date** |
| **Registrar** | | **Date** |
|  | ***Effective term:*** | ***Effective catalog:*** |
| **President** | | **Date** |