**Instructions: Please complete each question of the application. Incomplete applications will not be considered. Completed applications and all supporting documentation should be submitted to** **cted@azed.gov****.**

|  |  |
| --- | --- |
| **Date**: | Click here to enter a date. |

1. **Submitting Organization:** Click here to enter text.
2. **Name or Names of Specific Credential:** Click here to enter text.
3. **Geographic Area of Credential—Choose one:**

**State** [ ]  **Multi‐state** [ ]  **National** [ ]  **International** [ ]

1. **Explanation of workforce demand for credential:** Click here to enter text.
2. **Occupations with jobs accepting this credential:**

|  |  |  |
| --- | --- | --- |
| **Occupation** | **Anticipated Annual****Statewide Demand** | **Wage Range** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Listing a minimum of three (3) Arizona employers recommending the approval of this certification. Letters of support from each supporting entity must be attached and include information on workplace experiences for students, preferences for hiring graduates with this credential and the letters must also address how the industry recognized credential relates to skills and knowledge mandatory to perform the required job functions.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer, Industry Association** | **Complete Address** | **Contact Person** | **Phone No.** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Phone # |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Phone # |

1. **Certifying/Accrediting Agency with contact information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Certifying Agency or Accreditation Group** | **Complete Address** | **Contact Person** | **Phone No.** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Brief Program Description to include, but not limited to:**
	1. **Age student can receive credential:**

Click here to enter text.

* 1. **Curriculum to be used for training purposes:**

Click here to enter text.

* 1. **Is the curriculum or training materials duplicated in another training field? If so, please explain the need to use different training materials:**

Click here to enter text.

* 1. **Facilities currently offering training or where training could be implemented:**

Click here to enter text.

* 1. **Upon completion of training and certification, what is the next step in continuing training/education in this field?**

Click here to enter text.

* 1. **What is the minimum length of time required to complete the training?**

Click here to enter text.

* 1. **What type of credential testing and/or assessment is included with the training?**

Click here to enter text.

* 1. **Which of the following does the assessment include: written exams, hands‐on applications, and/or performance measures?**

Click here to enter text.

* 1. **Is the credential based upon classroom training only or does work experience qualify?**

Click here to enter text.

* 1. **Explain career advancement upon completion of training and obtaining certification by the students of this credentials:**

Click here to enter text.

* 1. **Additional training opportunities:**

Click here to enter text.

* 1. **Continuing education, dual enrollment, articulated credit, and career ladder possibilities:**

Click here to enter text.

* 1. **What is the cost for the training and certification? What resources do employers provide in support?**

Click here to enter text.

* 1. **What is the recertification process for an individual’s credentials to remain current/active?**

Click here to enter text.

**9a.) How many Arizona high school students or graduates within 6 months post-graduation, have completed and earned this credential to date?**

Click or tap here to enter text.

**9b.) Nationally, how many high school students or graduates within 6 months post-graduation, have completed and earned this credential to date?**

Click or tap here to enter text.

**Please complete Fact Sheet on next page**

|  |
| --- |
| **FACT SHEET** |
| **Certifying Organization** | Click here to enter text. |
| **Name or Names of Specific Credential** | Click here to enter text. |
| **Description of each Credential named above** | Click here to enter text. |
| **Entry-Level Annual Salaries** | Click here to enter text. |
| **Industry-Based Certification Requirements: Students** |
| **Standard / Curriculum** | Click here to enter text. |
| **Testing Methodology*****(consists of two tests)*** | **Paper?** | Choose an item. | **Online – Cognitive portion** | Choose an item. | **Performance Exams / Tests? Psychomotor portion** | Choose an item. |
| **Re-Testing (if available)** | **Re-Testing Procedures:** | Click here to enter text. | **Max # of Attempts Allowed:** | 1 |
| **Testing Details (including any age requirements / accommodations)** | Click here to enter text. |
| **Industry-Based Certification Requirements: Teachers** |
| **Instructor Certification Requirements (by certifying agency)** | Click here to enter text. |
| **Proctoring / Test Security (if any)** | Click here to enter text. |
| **Certification Tracking** |
| **Credentialing Documentation** | Click here to enter text. |
| **Certification Tracking System** | **Online Tracking System?** | Choose an item. | **Details** | Click here to enter text. |
| **Other Details** | **Expiration** **Timeline?** | Click here to enter text. |
| **Certification Costs / Funding Sources** |
| **Cost Details** | Click here to enter text. |
| **Re-test / Refund Policies** | Click here to enter text. |
| **For More Information** |
| **Certifying Agency Contact Info** | Click here to enter text. |

**BELOW FOR CTE OFFICE USE ONLY .**

|  |  |
| --- | --- |
|  | **Yes/No** |
| **Meets A-F Criteria** | Yes or No |
| **Meets CTED Criteria** | Yes or No |

|  |  |  |  |
| --- | --- | --- | --- |
| **X.** | Print Name Here | **X.** | Print Name Here |
|  | Printed Name and Title of Industry Chair/President of Industry Committee/Council |  | Printed Name and Title of Program Specialist |