1. **New Program Approval Form**

**Basic Info Tab**

**Institution:**

**Program Name:**

**Degree Level:**

**Degree Designation:**

**CIP Code (2-Digit):**

**CIP Code:**

**Is this program an advanced practice doctorate[[1]](#footnote-1)? Yes/No**

**Program Type: Single Institution, Collaborative, or Joint?**

**Proposed Implementation Date:**

**Institutional Contact Information**

**First Name:**

**Last Name:**

**Title:**

**Email:**

**Phone:**

**Date of Governing Board Approval:**

**Date of CPE Approval [CPE use only]**

**Overview Tab**

**Centrality to the Institution’s Mission and Consistency with State’s Goals**

1. **Provide a brief description of the program with its estimated date of implementation.**

**Does this program have any tracks?**

If yes, please add at least one program track item [to the description of the curriculum].

1. **Describe how the new program is consistent with the mission and goals of the institution.**
2. **Is an approval letter from Education Professional Standards Board (EPSB) required? Yes/No**
3. **Is there a specialized accrediting agency related to this program? Yes/No**

If yes, identify the accreditor.

If yes, will accreditation be sought? Yes/No

1. **Does this program have a clinical component? Yes/No**

If yes, discuss the nature, appropriateness, and availability of clinical sites.

1. **Describe the rationale and need for the program to include how the institution determined need.**

**Objectives Tab**

**Program Quality and Student Success**

***The curriculum should be structured to meet the stated objectives and student learning outcomes of the program.***

1. **Provide specific programmatic goals (objectives) and specific student learning outcomes for the program.**
2. **Describe how the student learning outcomes for the program will be assessed.**

If you wish to upload supporting documents for student learning outcomes, upload them here.

1. **Highlight any distinctive qualities of the proposed program.**
2. **Describe admissions and graduation requirements for the program.**
3. **Please provide the total number of hours required for degree:**

Total number of hours required for degree:

Number of hours in degree program core:

Number of hours in track:

Number of hours in guided electives:

Number of hours in free electives:

1. **List courses under the appropriate curricular headings. [Do this by downloading the course template from within this question in KPEDS, filling it out, and uploading it.]**

You must upload at least one file.

1. **Describe administrative oversight to ensure the quality of the program.**
2. **For a program offered in compressed time frames, describe the methodology for determining that levels of knowledge and competencies comparable to those required in traditional formats have been achieved.**

**Demand Tab**

**Program Demand/Unnecessary Duplication**

1. **Student Demand:**
2. **Provide evidence of student demand. Evidence of student demand is typically in the form of surveys of potential students or enrollments in related programs at the institution, but other methods of gauging student demand are acceptable. Note if it replaces another program on campus.**
3. **Project estimated student enrollment and degrees conferred for the first five years of the program.**

|  |  |  |
| --- | --- | --- |
| **Academic Year** | **Degrees Conferred** | **Enrollments (Headcount) – Fall Semester** |
| **2024-25** |  |  |
| **2025-26** |  |  |
| **2026-27** |  |  |
| **2027-28** |  |  |
| **2028-29** |  |  |

1. **4-YEAR INSTITUTIONS ONLY: Please provide Gray Associates Program Evaluation System Scorecard data snapshot for new programs. You must upload at least one file.**
2. **Employer Demand: If the program is designed for students to enter the workforce immediately, please complete the following table.**
   1. **Describe the types of jobs available for graduates, average wages for these jobs, and the number of anticipated openings for each type of job.**

|  |  |
| --- | --- |
| Type of Job: |  |
| Regional Average Wage (USD): |  |
| Regional # of Openings: |  |
| Regional Growth Projections (%): |  |
| State Average Wage (USD): |  |
| State # of Openings: |  |
| State Growth Projections (%): |  |
| National Average Wage (USD): |  |
| National # of Openings: |  |
| National Growth Projections (%): |  |

* 1. **Clearly describe evidence of employer demand. Such evidence may include employer surveys, current labor market analyses, and future human resources projections. Where appropriate, evidence should demonstrate employers’ preferences for graduates of the proposed program over persons having alternative existing credentials and employers’ willingness to pay higher salaries to graduates of the proposed program. Note if it replaces another program on campus.**

1. **Academic Disciplinary Needs**

If the program proposal is in response to changes in academic disciplinary need, as opposed to employer demand, please outline those changes. Explain why these changes to the discipline necessitate development of a new program.

1. **Similar programs:**

A new program may serve the same potential student populations. The proposed program must be sufficiently different from existing new programs in the state or access to existing programs must be sufficiently limited to warrant initiation of a new program.

* 1. **Our records indicate the following similar programs exist at public institutions in Kentucky.**

# Enr = Fall Enrollments GRD = Academic Year Graduates

* 1. **Provide the following information: a comparison of objectives / focus / curriculum to similar programs, student populations, access to existing programs, and feedback from other institutions.**
  2. **How will the program support or be supported by other programs within the institution?**

**Cost**

**Cost and Funding of the Proposed Program**

**The resource requirements and planned sources of funding of the proposed program must be detailed in order to assess the adequacy of the resources to support a quality program. This assessment is to ensure that the program will be efficient in its resource utilization and to assess the impact of this proposed program on the institution’s overall need for funds.**

1. **Please provide documentation that includes the following (NOTE: THIS APPLIES TO ALL SUBMISSIONS):**
2. A description of financial resources available to support the proposed change, including a budget for the first five years of the proposed change.
3. Projected revenues and expenditures and cash flow for the proposed change.
4. The amount of resources going to institutions or organizations for contractual or support services for the proposed change.
5. The operational, management, and physical resources available for the change.
6. Contingency plans in the event that required resources do not materialize.

If you wish to upload your documents in lieu of the Cost/Funding template--or if you have supplemental documentation--please [upload the file here]:

**Cost/Funding Explanation**

Complete the following table for the first five years of the proposed program and provide an explanation of how the institution will sustain funding needs. \*The total funding and expenses in the table should be the same, or explain sources(s) of additional funding for the proposed program.

1. **Funding Sources, by year of program**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total Resources Available from Federal Sources** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Total Resources Available from Other Non-State Sources** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **State Resources** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Internal** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Student Tuition** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Total** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Total Funding Sources: |  |  |  |  |  |

1. **Breakdown of Budget Expenses/Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff: Executive, administrative, and managerial** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Other Professional** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Faculty** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Graduate Assistants (if master’s or doctorate)** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Student Employees** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Equipment and Instructional Materials** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Library** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Contractual Services** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Academic and/or Student Services** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Other Support Services** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Faculty Development** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Assessment** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Student Space and Equipment (if doctorate)** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Faculty Space and Equipment (if doctorate)** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **Other** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | |  | | |
| **GRAND TOTAL** | | | | | |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Total Budget Expenses/Requirements: |  |  |  |  |  |

**Assess Tab**

**Program Review and Assessment**

1. What are the plans to evaluate students’ post-graduate success?

**SUPPLEMENTAL QUESTIONS FOR ADVANCED PRACTICE DOCTORATES**

Describe how the doctorate builds upon the reputation and resources of the existing master’s degree program in the field.

Provide a description of the master’s program or programs and note any distinctive qualities of these programs as well as any national recognition bestowed upon the program.

Explain the new practice or licensure requirements in the profession and/or requirements by specialized accrediting agencies that necessitate a new doctoral program.

Provide any evidence, such as a professional organization or an accrediting agency requiring a doctorate in order for graduates to practice or advance in the field of study.

Explain the impact of the proposed program on undergraduate education at the institution. Within the explanation, note specifically if new undergraduate courses in the field will be needed, or if any courses will be cut.

If there is no impact on undergraduate education, please provide a synopsis of how a new doctorate can be developed and implemented without financial or staffing implications for undergraduate education.

Provide evidence that funding for the program will not impair funding of any existing program at any other public university.

Upload a letter from each institution with a similar program stating that the proposed program will not negatively impact the existing program.

Include a summary of financial information from institutions with similar programs.

1. There are supplemental questions at the end of this file that must be responded to for new advanced practice doctorates. If submitting such a proposal, respond to the supplemental questions at the end of this file (page 11) and email a PDF of the file to [Sheila.Brothers@ky.gov](mailto:Sheila.Brothers@ky.gov). [↑](#footnote-ref-1)