## CPL COURSE CREDIT PROPOSAL

## *Directions on Form Completion*

## *Faculty or staff recommending consideration of new CPL credit opportunities at VWCC should consult with the supervising Dean/VP before undertaking any new course mapping activities. Once approval is given to move forward the following steps should be taken.*

## Complete the CPL Course Credit Proposal form (by the faculty/staff member mapping the certification).

## Attach support documentation (course syllabus, course description and outcomes – for both credit and non-credit when applicable) to the form.

## Send the certification proposal form and documentation to the CPL Specialist for review.

## CPL Specialist will review the form and create an auto certification form for the proposed certification.

## CPL Specialist and will forward the forms and documentation to the Chair of the Curriculum Committee.

## Chair of the Curriculum Committee will review the documentation and schedule a presentation to the Curriculum Committee. Notification of the date and needed documentation will be sent to the CPL Specialist, faculty and staff member and Dean on the form.

## CPL Specialist will schedule a meeting with the faculty/staff member and Dean to prepare the presentation.

## The Curriculum Committee will decide if the request is approved based on the information provided or if additional information is needed. If more information is needed, the material will be presented again at the next Curriculum Committee meeting.

## Once approved by the committee, the CPL Specialist will sign and send the final approved form to the CC Chair and the VP, Academic and Workforce Solutions for signatures and dates.

## Completed form with signatures and dates will be sent back to the CPL Specialist.

## CPL Specialist will notify the Registrar of the approval by forwarding the signed form and attaching all documentation.

## CPL Specialist will make appropriate changes to the CPL Guidebook and CPL webpage.

## CPL COURSE CREDIT PROPOSAL FORM

|  |  |  |
| --- | --- | --- |
| Certification/Training Map | | |
| Course Name: | | **(xx%) Mapped** |
| Certification/Training Name: | | |
| Certification/Training Website: | | |
| Mapping Completed By: | | |
| Date Mapping was Completed: | | |
| Dean of Approval: | | |
| Date Dean Approved Mapping: | | |
| Date Approved by Curriculum Committee: | | |
| Qualifications to Receive Certification/Training Credits | | |
| Credit Hours – insert # |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| Course Outcomes *(attach separate document if more space is needed)* | | |
| Course Outcomes | **Certification/Training Match** | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| Course Description | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Documents Attached | | |
|  | | |
|  | | |
|  | | |
|  | | |
| Documents Attached | | |
| Course: Name of Course for Detailed Mapping | | |
| Mapped: % of certification/training outcomes that meet or exceed course outcomes | | |
| Certification/Training Name: Name of training under consideration | | |
| Certification/Training Website: Link to certification or training that lists outcomes if applicable | | |
| Mapping Completed By: Name/Title of person who completed mapping (Dean approval required) | | |
| Date Mapping was Completed: Date submitted to CPL Committee | | |
| Dean of Approval: Dean of the course program | | |
| Date Approved by Dean: Date approved for submission to the CPL Subcommittee | | |
| Date Approved by Curriculum Committee: Date the certification credit proposal was reviewed and approved by the curriculum committee | | |
| Qualification: Any qualification a person would have to have in order to sit for the certification or training (pre-requisite, work experience, certification expiration date, degrees or other) | | |
| Course Outcomes: List of outcomes as stated in the course (attach course syllabus) | | |
| Certification/Training Match: List of outcomes from the certification/training that directly meet the course outcomes (attach copy of Workforce syllabus) | | |
| Documents Attached: Names of attached documents including copy of certification or training outcomes as well as complete course outline with competencies or outcomes listed | | |

Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

CPL Specialist Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum Committee Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President of Academic and Workforce Solutions Date

***Revised 01/10/2024***