m1 DEPARTMENT OF EDUCATION

Health Science Education Program Approval

Thank you for your interest in submitting a health science education (HSE) program approval file for the 2023-2024 school year. Whether this is a brand-new program, or you are up for the 5-year renewal, this is the application form you need to fill out. Below you'll find instructions for completing the approval form.

If you have questions, please contact Shelli Sowles (shelli.sowles@state.mn.us)

WHY WOULD YOU CONSIDER SUBMITTING A PROGRAM APPROVAL FILE?

Program approval is the initial eligibility requirement for a school district to access federal Perkins funding through their local Perkins consortium, and state CTE Revenue.

To determine which programs the districts has previously had approved, visit the Program Approval Database.

To view a list of available program codes, course codes, and the corresponding teacher licensure requires, visit Table C.

INSTRUCTIONS:

Step 1:

Gather your program materials. In order to complete the program approval form, you will need the following items:

- The health science courses offered at the school district. At a minimum, the district must offer two courses in order to be a program. Course names, program code, and course codes will be reported on Tab 4 of the application form spreadsheet.
- Names, emails, PELSB File Folder Numbers, and building locations of all of the teachers in the program.
- List of advisory committee members specific to the HSE program and their contact information.
- Leadership activities and career exploration activities that students within your program participate in, including HOSA if applicable.
- The syllabus for each course that will be included in your program approval file. Course content reflected on the syllabus should demonstrate alignment to the HSE Frameworks with content that includes: career exploration, safety training, certifications, and alignment to workforce.

Once these materials are pulled together, completing the form should require about 20 minutes.

Step 2:

Navigate to MDE's program approval webpage located at https://education.mn.gov/MDE/dse/cte/progApp/

Step 3:

Navigate to the very first tab of the spreadsheet labeled "Directions and Checklists. Review this tab carefully.

Overview

Career and Technical Education (CTE) programs are a sequence of courses that integrate core knowledge/skills to provide students a pathway to postsecondary education and careers. CTE to provide opportunities to explore high-skill, high-demand career options. Minnesota Rule 3

This CTE program application form must be completed by Minnesota school districts, cooper program for approval. Program Approval Applications (as part of a five year cycle) must be su the email address listed to the right.

Program Approval forms will be reviewed in the order in which they are received. Form subr Approval application forms between June 1-November 1 will be reviewed and (if approved) v the CTE Revenue Budget System (levy). Program Approval application forms received outside list of approved programs and courses is provided in the Program Approval Database accessil

Any program/content related questions should be directed to the appropriate Program Speci pathway information for each CTE program area can be found on the Minnesota Career Whe

Course and/or teacher updates to approved CTE programs occurring outside the five-year rer Revision/Amendment Form (see link to the right) so the most current information is maintain

Directions for Program Approval

1) Separate Program Approval forms n   to be filled out for EACH Program being implemer

2) Please fill out the information requested on each of the six worksheets within this docum

| ◄ | ► | **Directions and Checklist** | 1. Cover Sheet | 2. Program Design | 3. Teach |

This tab also includes step-by-step instructions for completing this form as well as contact information if you need additional assistance.

Step 4: The next step is to begin to fill out the form. Navigate to the tab labeled "1. Cover Sheet." Provide answers to rows 3-13.

Career and Technical Education Secondary Program Approval ED-023 5-04	Career and Technical Education 400 NE Stinson Blvd Minneapolis, MN 55413	**mn** DE OF
Electronic submission is required. Please submit using the file name: *CTE Program Approval [Your District Number and Program Name].*		
Program Code(s) (6-digit code from Table C): (Please list all Program Codes being submitted within this form (e.g., 170302, 171000, 171710, etc.).		
New Program (Yes/No)		
Date Submitted:		
District Name:		
District Number:		
District Type		
District Contact Person(s) (see notes):		
Address:		
City, State, Zip:		
Phone and Extension:		
E-mail:		

I hereby verify that the information pr   d is true and correct, and that the enclosed supporting information accurately portrays the proposed prog LEA shall supply program data necessary   program management, improvement, e luation, and federal/state reporting (Minnesota Statutes, 124

| ► | Directions and Checklist | 1. Cover Sheet | 2. Program Design | 3. Teach r Information | 4. District CTE Courses | 5. Advisory Co |

Program codes include:
070300
070101

Reference Table C for additional details.

District Contact Person(s):
This should be the person who can answer questions about the application. For example, who can answer questions about a syllabus or advisory committee? Consider listing a lead teacher AND an administrator.

In the "1. Cover Sheet" tab, rows 16-23 require signature information. **Electronic signatures must be provided.** In order to obtain an electronic signature, ask the person to sign their name on a blank sheet of paper, scan the signature page as a PDF document, then under the "Edit" menu in Adobe Acrobat use the "Take a Snapshot" tool to capture the image. Paste the Superintendent signature into on line 16. Adjust the size of the signature images as needed.

16		
17	*Signature -Secondary Superintendent or Licensed CTE Program Director (000110)*	*(Date MM/DD/YY)*
18		
19	*Typed Name -Secondary Superintendent or Licensed CTE Program Director*	
20		
21	*(For ACTE-SPED Programs only) Signature -Secondary Special Education Director*	*(Date MM/DD/YY)*
22		
23	*Typed Name -Secondary Special Education Director*	

Superintendent Signature: REQUIRED for all applications!

Special Education Director: This is only needed if submitting a program approval for a special education **000750 program.**

** Do Not Write Below This Line ** State Authorized Signatures **	
Program Code (as listed above)	**Status** (Approved, Not Approved)
Signature 1: MDE Career and Technical Education Program Specialist	*(Date MM/DD/YY)*

The remainder of the Cover Sheet (rows 26-40) is for MDE use. Once a program is approved, MDE signatures will be added to this section. There is no need for you to do anything with these rows.

Step 5: The next step is to fill out the tab labeled "2. Program Design." This tab asks you to provide evidence about the curricular components of your program.

Directions: Please read and provide applicable rationale for EACH of the FOUR sections listed below. Place an "x" on the appropriate lines for items 1 and provide narrative for items 2, 3 and 4. This tab is based on Rule 3505.2550 subpart 6.

1) **Student Leadership: Career and Technical Student Leadership Organizations (CTSOs)**
Which, if any, of the following Career and Technical Student Leadership Organizations (CTSOs) are currently being offered in association with your program? **Definition:** Career and Technical Student Organizations (CTSO) are authorized by the U.S. Congress in the Strengthening Career and Technical Education for the 21st Century Act. These national organizations extend teaching and learning through innovative programs, business and community partnerships and leadership experiences at the school, state and national levels. CTSOs work to address key challenges in workforce development, student achievement, economic vitality and global competitiveness; and equip students for leadership role in preparation to meet these challenges with fresh solutions. For more information on CTSO's please visit, http://www.ctsos.org/

- BPA, Business Professional of America
- DECA, Distributive Education Clubs of America
- FCCLA, Family Career and Community Leaders of America
- FFA
- HOSA-Future Health Professionals
- SkillsUSA
- None of the above

2) **Student Leadership: Specific Leadership Skills Developed (Minn. R. 3505.2550 Subp. 6.** Students have access to leadership development opportunities through student organizations or other means).
Please provide a description in the box below of the leadership activities embedded in your program. Examples may include: competitions, officer positions, partnerships with business and industry, peer education training, community service, and student-led leadership activities. If examples are included in your submitted syllabi, please note "See syllabi" in the section below.

Type Here

Questions 1 and 2 are about student leadership.

In question 1, only mark the student organization if HOSA is purposefully embedded into your program.

In question 2, explain briefly what leadership activities your students are involved in. If it's on the syllabus, note "See syllabus."

3) **Career Exploration and Experiential Learning (Minn. R. 3505.2550 Subp. 6.** The program shall provide opportunities for career awareness, career exploration, and career preparation; Students have access to work-based learning opportunities and, where utilized, such activities are guided by training agreements and training plans).
Please provide a description in the box below of the career development and experiential learning activities embedded in your program. Examples may include: industry tours; industry job shadowing; career research portfolios; career fairs; and participation in business/industry organization events. If examples are included in your submitted syllabi, please note "See syllabi" the section below.

Type Here

In Question 3, explain briefly how students connect their future career interests. Do students research careers, hear from industry professional, or visit work sites? If this is on the syllabus, note "See syllabus."

4) Safety (Minn. R. 3505.2550 Subp. 6. Safety instruction is based on federal, state, and local health and safety laws, regulations, and policies).

Please provide a description in the box below of the safety instruction included within the program. Examples may include: lessons on federal, state, and local health and safety laws, safety checklists/manual, or related industry-recognized credenital such as OSHA10 or ServSafe. If examples are included in your submitted syllabi, please note "See syllabus" in the section below.

Type Here

Step 6:

The next step is to fill out the tab labeled "3. Teacher Information." This tab asks you to provide information about the teachers providing instruction within your program. You will focus on columns A-F. MDE will complete columns G-I after you submit your file.

Teacher: Last name	Teacher: First name	Name of building location(s) where teacher works	License Information: (six-digit) Teacher File Folder #	Teacher: phone	extension	Teacher: email

Step 7: The next step is to fill out the tab labeled "4. District CTE Courses." This tab asks you to provide information about the teachers providing instruction within your program. **You will complete columns A-L.** Rows 2-5 provide an example of how to accurately complete the form. Begin entering your information in row 7.

A	B	C	D	E	F	G	H
District Number	District Type (ISD=01)	District Name	School Building Name	Course Name (as listed in your own District's catalog and your course syllabus) (One course name per line ONLY)	Program Code (six-digit program code from Table C)	Course Code (two-digit course codes from Table C) (One course number per line)	Teacher of Record: Last name (One name per line ONLY)
0000	01	Example	Building Name 1	This is Not correct	090101	01	Teacher 1, Teacher 2
0000	01	Example	Building Name 1	This is Not correct	090101	01, 02	Teacher 1, Teacher 2
0000	01	Example	Building Name 1	This is correct	090101	01	Teacher 1
0000	01	Example	Building Name 2	This is correct	090101		Teacher 2
				Enter information beginning in Row 7			
	District Number						

Directions and Checklist | CTE Career Wheel | 1. Cover Sheet | 2. Program Design | 3. Teacher Information | 4. District CTE Courses | 5. Advisory Committee | 6. ... ⊕

J	K	L
For this CTE course, the district awards credit towards graduation for: **Art, Economics, Math, Science-Chemistry, Science-Elective,** or **Science-Physics.**	This CTE Course is a(n): **Advanced Placement, International Baccalaureate, Articulated Credit, Concurrent Enrollment,** or **CIS.**	If applicable, list the **Name of the Postsecondary Institution** where the (Articulated, Concurrent, or CIS) opportunity is available:
Art	Advanced Placement	
Science-Elective	Articulated Credit	St. Paul College
Science-Physics	CIS	University of Minnesota

Step 8: The next step is to fill out the tab labeled "5. Advisory Committee." This tab asks you to provide information about the individuals, particularly from business and industry, who provide you with recommendations on how to administer your work-based learning program. You will enter information in **columns A-H**, beginning in row 15.

Name of Advisory Committee member: **Last name**	Name of Advisory Committee member: **First name**	**Address: City**	**Phone Number + extension**	**E-mail**	**Current Employer**	**Professional Title/Role** (e.g. Branch Manager, Auto Tech, Veterinary, Business Owner; non-profit, chamber of commerce member, parent, student; school administrator, teacher, special education personnel/ACTE-SPED)	**Program Code** (Column F, "4. District CTE Courses" worksheet) **or Career Pathway Cluster Represented**

Step 9: The next step is complete the tab labeled "6. Statement of Assurances." Review the completed form with your Superintendent and enter their initials when application has been approved. Information will be entered in **column B**, rows 3-29.

Directions:		Please read and carefully consider the following information. As the Secondary Superintendent *or* Licensed CTE Program Director (000110), by **typing your initials (Column A)** to the left of EACH statement listed below you are indicating agreement that your district is informed and is in compliance with every aspect of each statement.
		Minnesota Rule 3505.2550 Minimum Standards for Instructional Program Approval
	Subp 2. Community Involvement.	Each program shall have an advisory committee that discusses current industry practices, program issues and needs, and curriculum. The committee shall meet formally with a planned agenda at least twice per year. Agendas and minutes shall be kept on file. Ongoing communication shall occur between career and technical education program staff and advisory committee members.
	Subp 3. Personnel.	Each career and technical education program shall utilize appropriately licensed staff who shall follow requirements for renewal of credentials governed by the Professional Educator Licensing Standards Board (PELSB) or Minnesota Board of School Administrators as appropriate. Teachers, administrators, and support staff are aware of professional, industry, occupational, or other organizations that can assist them in their work. Individuals working in the instructional support positions shall either hold licensure as a technical tutor or shall meet highly qualified paraprofessional requirements under the Elementary and Secondary Education Act.
	Subp 4. Program administration.	Administrators responsible for career and technical education programs shall have knowledge of school law, school finance, and the appropriate use of funds; shall ensure equal access and full participation of students who are members of special populations as defined in the Carl D. Perkins Career and Technical Education Act; shall submit reports to the department as require; shall maintain internal records as necessary for the proper implementation of the programs; and shall oversee the recruitment, retention, and replacement of staff. Administrators shall work within their school districts to utilize the uniform financial accounting and reporting system (UFARS) and to follow federal Education Department of General Administration Regulations (EDGAR).

| ◄ ► ... | CTE Career Wheel | 1. Cover Sheet | 2. Program Design | 3. Teacher Information | 4. District CTE Courses | 5. Advisory Committee | **6. Statements of Assurance** |

Step 10: When all tabs are completed submit your documents (spreadsheet application form, syllabus for each course, training agreement, training plan, and evaluation plan) to mde.cte.program.approval@state.mn.us.

NEXT STEPS:

After you have submitted your program approval materials, MDE program specialists will review your program approval form and reach out to you with any questions. If you have any questions in the meantime, please contact Shelli Sowles (shelli.sowles@state.mn.us).