

NEW PROPOSAL TEMPLATE for a Gainful Employment Program

Gainful Employment Electronic Announcement #5 dated June 1, 2011 and posted on www.ifap.ed.gov explains the process for institutional notification to the Department of new educational programs that prepare students for gainful employment in a recognized occupation (GE Programs). An institution’s notification to the Department of its intent to offer a new GE Program must include information to support the institution’s determination of the need for the program, as required by the regulations at 34 CFR 600.20(d)(2). *Institutions must wait for the Department of Education to approve programs for Title IV eligibility before disbursing Title IV funds and proposals must be submitted to the Department of Education 90 days before the first day of class begins for the program.*

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| 1. Institution Name: | | University of Colorado Colorado Springs | | | | | | |
| 1. OPEID: | | 004509 | | | | | | |
| 1. Proposed Program Name: | |  | | | | | | |
| 1. Contact Person: | |  | | | | | | |
| 1. Department Chair: | |  | | | | | | |
| 1. Website URL for program: | |  | | | | | | |
| 1. Narrative description of how the institution determined the need for the program. Describe what need this program will address and how the institution became aware of that need. If the program will be offered in connection with, or in response to, an initiative by a governmental entity, provide details of that initiative. | | | | | | | | |
| This Certificate is being offered based on the demand for the same series of classes as an Area of Emphasis in our Master of Business Administration program. It is intended for students that want to study Health Care Administration but do not want to pursue a full master's degree. | | | | | | | | |
| 1. Narrative description of how the program was designed to meet local market needs, or for an online program, regional or national market needs. For example, indicate if Bureau of Labor Statistics data or State labor data systems information was used, and/or if State, regional, or local workforce agencies were consulted. Include how the course content, program length, academic level, admission requirements, and prerequisites were decided; including information received from potential employers about course content; and information regarding the target students and employers. | | | | | | | | |
| Course content and prerequisites are consistent with our MBA Area of Emphasis in Health Care Administration. Admission criteria are consistent with our other certificate programs and the requirements of the UCCS Graduate School. | | | | | | | | |
| 1. Narrative description of any wage analysis the institution may have performed, including any consideration of Bureau of Labor Statistics wage data related to the new program. | | | | | | | | |
| none | | | | | | | | |
| 1. Was the program reviewed or approved by: |  | | | | | | | |
| 1. Narrative description of how the program was reviewed or approved by, or developed in conjunction with, the entities selected in #8. For example, describe the steps taken to develop the program, identify when and with whom discussions were held, provide relevant details of any proposals or correspondence generated, and/or describe any process used to evaluate the program. The institution must retain, for review and submission to the Department upon request, copies of meeting minutes, correspondence, proposals, or other documentation to support the development, review, and/or approval of the program. | | | | | | | | |
| The certificate program was reviewed and approved by the College of Business Graduate Team (graduate curriculum committee), the Dean of the Graduate School, and the Vice Chancellor for Academic Affairs. | | | | | | | | |
| 1. What is the first day the program will be offered to students? | | | | | 6/9/2008 | | | |
| 1. When do you intend to begin disbursing Title IV funds to students? | | | | | 1/17/2012 | | | |
| 1. Please list all admission criteria: | | | | | | | | |
| Bachelor's degree from a regionally accredited university with a cumulative grade point average of 3.0 or better. | | | | | | | | |
| 1. List the UCCS courses required to complete the program: | | | | | | | | |
| HCAD 6190 - Health Care Administration, HCAD 6290 - Health Care Policy, HCAD 6390 Health Care Ethics & Law, HCAD 6490 - Health Care Budget & Finance | | | | | | | | |
| 1. Describe how you will determine the on-time completion rate, job placement rate, and median loan debt in order to disclose the information on your departmental website. | | | | | | | | |
| We will use an exit survey of graduating students and coordinate with the campus financial aid office and institutional research office to gather required data for reporting purposes. This certificate will typically be completed in 2 years. | | | | | | | | |
| 1. Estimate the cost of the program: | | | | Per Term: Annual: | | | | |
| Tuition and fees | | | |  | | | | |
| Room and board | | | |  | | | | |
| Books and supplies | | | |  | | | | |
| 1. Select the *primary* occupational group for which the Gainful Employment Program will train the student. | | | | Management | | | | |
| 1. Refer to the [Standard Occupational Classifications](http://www.bls.gov/soc/major_groups.htm) and list all six-digit codes that reflect occupations in which the graduates of the proposed program will be trained for employment. | | | | | | | | |
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| 1. Have you read the Gainful Employment regulations as posted at <http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html> and are you aware that failure to comply and failure to meet “gainfulness” could make your program ineligible for Title IV financial aid on an annual basis? | | | | | | |  | |
| THE REMAINING FIELDS ARE TO BE COMPLETED BY THE UCCS GAINFUL EMPLOYMENT COMMITTEE | | | | | | | | |
| CIP Code: | 52.0999 | | Plan Code: | | | NDGE-CERN | | |
| Career Code: | NDGR | | Subplan Code: | | | HCA | | |
| Program Code: | NFAEG | | Date Reviewed: | | | 12/9/2011 | | |
| TO SUBMIT, PLEASE EMAIL THIS FORM TO:  INSTITUTIONAL RESEARCH ([rmarschk@uccs.edu](mailto:rmarschk@uccs.edu)) & FINANCIAL AID COMPLIANCE ([asutz@uccs.edu](mailto:asutz@uccs.edu)). | | | | | | | |