

**Appendix 8**

**Career and Technical Education (CTE) Courses**

BOCES or local school districts are eligible for EPE funding for adult occupational programs that do not have an approved K-12 cognate provided that such programs have been approved by the local board of education, are under the supervision of the District Superintendent or local school superintendent and comply with section Education Law [§ 4602](#) and [Part 141.4](#).

**Table 7a: Locally Approved Career and Technical Education (CTE) Courses**

*Note: All information in this table must be completed before AEPP will review for possible approval*

CTE COURSES Course Title	Career and Technical Education Area	Projected # Students	Required Course Hours	Projected # Contact Hours	Date of Board of Education Approval	High School Diploma Required Yes/No
<b>TOTAL (Place on Line 7a of Program Component Worksheet)</b>						

By initialing each item below, the signatory attests that each CTE course identified in Table 7a:

\_\_\_ has been approved by the local board of education.

\_\_\_ meets the requirements of Part 141.4 of Commissioner's regulations.

\_\_\_ the content and duration of the course is adequately designed to meet its occupational and educational purposes.

\_\_\_ employs properly certified directors, supervisors, principals, teachers and counselors that have education and experience that are properly matched to the occupational and educational purposes of the program.

\_\_\_ meets the industry standards or other standards required for employment within the occupation or occupational cluster for which the course is designed to lead.

\_\_\_ leads to the requisite credential necessary for obtaining employment within the occupation area for which the course is designed.

\_\_\_ High School Diploma or its equivalent is not a prerequisite for any of the courses listed above

\_\_\_ is under the direction and supervision of the District Superintendent or local superintendent of schools.

**I hereby certify that I am the applicant institution's Chief Administrative Officer, and on behalf of the school district I agree to the requirements and terms of approval.**

\_\_\_\_\_  
*Superintendent's Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**New York State Education Department  
Office of Adult Career & Continuing Education Services  
Adult Education Programs and Policy Team  
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