

Office of Community Colleges and Workforce Development

255 Capitol Street NE
Salem, OR 97310-0203

For Planning Purposes Only

8/18/15 Version

**Non-Credit Training Certificate
Certificate Worksheet**

Certificate Title: _____ Term: _____ Year: _____

Approval Criteria Checklist (prior to submission of application):

- Classification of Instructional Programs (CIP) Code is identified
- Certificate is a minimum of eighteen (18) hours and maximum of two hundred-ten (210) hours
- Contact hours for ALL courses do not exceed two hundred-ten (210) maximum hours
- Course(s) are non-credit
- Course(s) include an Assessment (of measurable outcomes)
- Course outcomes are included
- Certificate is/will be transcribed
- Chief Academic Officer has validated the Certificate/course standards
- Certificate approval - Certificate is submitted to CCWD within ninety (90) days from the start of the course (still needs resolution)
- Certificate approval - Certificate is coded in Webforms (state on-line approval system) as Award Category #

Number	Course Title & Description	CIP Code	Outcomes included? (Y/N)	Number of Clock Hours	TOTAL Clock Hours
TOTAL Number of Clock Hours					

Non-Credit Technical Certificate (NCTC) Application

NCTC Title: Personal Care Assistant: Level 1

Reason for Certificate:

Community Request

Industry Request

Labor Market Info

Current NCTC Program

NCTC Breakdown:

Course Number	Course Title	Contact Hours
XHPD-C004	Personal Care Assistant: Level 1	
TOTAL Number of Hours		..

Certificate Description:

Provide basic skills competencies for the non-licenses personal care assistant.

Variety topics are covered that pertain to direct care and safety of clients in a home or in a facility.

Student Learning Outcomes:

1. Return demonstrate Personal Care Assistant skills taught in lab
2. Communicate understand of Personal Care Assistant topics covered in course.

Syllabus Requirements: [Course Syllabus Required Elements](#)



SUBSTANTIVE and MINOR CHANGE APPLICATION FORM

Date of Application _____
 From: _____ Accreditation Liaison Officer (ALO)
 Cc: _____ NWCCU Staff Liaison Contacted
 Name of Institution: _____
 ALO Phone/Email: _____ Other Contact Person: _____
 Name of Proposed Program or Change: _____

 Credits to Program Completion: _____
 Date of Institutional Governing Board Approval: (if applicable) _____
 Anticipated Implementation Date of Proposed Change: _____

TYPE OF CHANGE (Examples):

- A change in institutional mission
 - Any change in legal status, form of control, ownership, or sponsorship
 - Addition of a new degree level or branch campus
 - Acquisition of, or merger with, another institution/organization
 - Teach-out agreement with another institution
 - Contractual agreements with non-accredited entities/institutions
 - Initial education offering as competency-based (or direct assessment) education
 - Program offerings outside of NWCCU region including international locations
 - Contractual agreements with accredited organizations
 - Substantial increase or decrease in program length
 - Clock hours to credit hours (or vice versa)
 - Addition of courses or a program significantly different from existing offerings since the last NWCCU evaluation
 - Additional site or location geographically apart from main campus (more than 20 miles)
 - Addition of a site or location in geographic proximity to the institution's main campus (within 20 miles)
 - Curriculum revisions which do not significantly affect program outcomes
 - Pilot study or a limited time offering
 - Addition of offerings less than a year in length to an existing site or location not significantly different from existing offerings
 - Addition of degree program (undergraduate or graduate) or certificate program of 30 semester or 45 quarter credits in length and related to existing offerings
 - Placement in moratorium, suspension, or termination of a degree program (undergraduate or graduate) or a certificate program of 30 semester or 45 quarter credits in length (please include teach-out plans)
 - Addition of program courses in distance education delivery less than 50% of the program's requirements where distance education delivery modality has been previously evaluated at an institutional level but not for this program
 - Addition of program courses in distance education delivery greater than 50% of the program's requirements where distance education delivery modality has been previously evaluated at an institutional level but not for this program
 - Addition of a degree or certificate program using a Competency Based Education model of delivery
- Other (please specify): _____

Please see the Substantive Change Policy for more information, available on the NWCCU website at www.nwccu.org. NWCCU will invoice the institution for the appropriate substantive or minor fee. Do not send payment without an invoice number.

Request of NWCCU: Please have my Institutional Staff Liaison **contact me** to discuss the nature of the program or change.

Please submit a copy of the application form with the proposal for minor or substantive changes.

ALO Signature
 ALO of Partnering Institution Signature, *if applicable*
 President or Provost Signature

Mail to: NWCCU, Attn: Substantive Change, 8060 165th Ave NE, Suite 100, Redmond, WA 98052.

Email to: Change@nwccu.org. You will receive confirmation of receipt.

Please note if you would like confirmation of category: | ____ Yes | ____ No |

Clackamas Community College

Workshop Outline

Course Prefix: HPD
Course Number: C004

Title of Workshop: Personal Care Assistant: Basic Skills 1

Hours of Instruction: Lecture: 18 Hours
Lecture/Lab: 28 hours
Total 46 Hours

Date(s) Offered:

Workshop Continuing Ed Approval: *(must choose one of the following. See definitions at bottom of outline for definitions)*

- Health & Fitness Safety Workforce Hobby & Recreation CTE Supplementary *
 Other/Unknown

Targeted Industry: *Healthcare - Longterm Care*

Instructor: Customized Training
Department:

Workshop Description: Basic skills and topics for the non-licensed care giver. Topics range from conflict resolution, communication, home economics, personal care of the client and non-invasive nursing assistant skills.

Student Learning Outcomes:

Upon successful completion of this workshop, students will be able to:

1. Demonstrate safe and accurate personal care assistant skills.
2. Demonstrate understanding of topics by successful assessment of topics

Major Topic Outline:

- 1.
- 2.

Definitions for Adult Continuing Education Approvals:

<u>Health & Fitness:</u>	These courses are noncredit and focus on noncompetitive physical fitness and/or health courses that focus on the knowledge and skills that promote healthy lifestyles over a lifetime. These courses must be at least 6 contact hours in length to qualify for reimbursement.
<u>Safety:</u>	These courses are noncredit and promote safe practices over a lifetime. These courses must be at least 6 contact hours in length to qualify for reimbursement.
<u>Workforce:</u>	These courses are open-enrollment based and noncredit that on the knowledge, skills and personal abilities people need to succeed in the workplace, increase life skills and engage in civic participation. These courses must be at least 6 contact hours in length to qualify for reimbursement.
<u>Hobby & Recreation:</u>	These courses are taken for enjoyment which result in physical activities that individuals could reasonably be expected to participate in during most of their adult lives, those which result in the collection of objects or the production of works. These courses are non-reimbursable.
<u>CTE Supplementary:</u>	Courses whose intent is to upgrade existing skills and/or designed for persons already employed and seek to improve their job skills or knowledge or for career advancement. These courses must be at least 1 contact hour in length to qualify for reimbursement.*
<u>Other/Unknown:</u>	Courses that do not fall into the other defined Adult Continuing Education categories. These courses will most likely be non-reimbursable but in the event they are approved as reimbursable, then the course must be at least 6 contact hours in length to qualify for reimbursement.