

**FORM 3-05**  
**CAREER TECHNICAL TRAINING CREDENTIAL REQUEST FORM**

*This form is designed for review and approval by the Regional and National Offices of Job Corps of Career Technical Training (CTT) Credential Requests. Regional Offices (ROs), however, may add sections that are of particular importance to their goals, priorities, or plans.*

**I. CONTACT INFORMATION**

Job Corps Center: \_\_\_\_\_ Operator/NTC: \_\_\_\_\_  
 DOL Region: \_\_\_\_\_ Region Project Manager: \_\_\_\_\_  
 Center Director: \_\_\_\_\_ Center Director Phone: \_\_\_\_\_  
 Center Director Email: \_\_\_\_\_ Center Fax: \_\_\_\_\_

**II. NATURE OF CTT CREDENTIAL REQUEST**

<b>CTT Programs</b>	Name of program(s):
	<input type="checkbox"/> Addition of a credential to existing national center-operated, NTC-operated, or center-specific training program
	<input type="checkbox"/> Modification of an existing credential to an approved, NTC- operated or center-specific program

*For the following indicators, please refer to the Glossary of Terms on page 4.*

<b>ADDITION OF CREDENTIALS</b> <i>(Please insert additional lines if more than one credential is being added.)</i> <i>* Enter N/A if appropriate.</i>	
Industry Area:	
Training Program Area (TPA):	
Training Program:	
Occupational Code:	
e-TAR Code:	
Credential Title:	
Credential Sponsor:	
Administrator(s):*	
Version(s):*	
Level(s):*	
Effective Start Date:	

<b>MODIFICATION OF CREDENTIALS</b> (Please insert additional lines if more than one credential is being modified.) * Enter N/A if appropriate.	
Industry Area:	
Training Program Area (TPA):	
Training Program:	
Occupational Code:	
e-TAR Code:	
Credential Title:	
Credential Sponsor:	
Administrator(s):*	
Version(s):*	
Level(s):*	
Effective Start Date:	

### III. JUSTIFICATION FOR ADDITION OF CREDENTIAL REQUEST(S)

#### A. Student Credential(s)

1. For the *addition* of student credential(s), please provide justification for how it meets the criteria listed in the CTT Credential Request Guidelines. Describe the process and the time frame in which you expect the student to achieve the credential.
  
2. What is the cost of the credential per student? How will it be funded?

#### B. Instructor Credential(s)

For each CTT program that will prepare students for the requested credential, indicate whether or not your instructor is already certified; if not, please explain how the instructor will achieve the credential.

**C. Program Accreditation(s)**

Identify the applicable industry-based program accreditation(s) that the approved CTT program will achieve. Describe the process and the time frame in which you expect to achieve the program credential, if applicable.

**REGIONAL OFFICE REVIEW VERIFICATION**

1. For all CTT credentials requested by the center, does the Regional Office (RO) concur with the specific justifications quoted by the center or NTC? If no, please explain:

2. Are the proposed requests consistent with other regional goals or priorities? Please explain:

3. Regional Director Determination

Approve

Disapprove

Rationale:
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Regional Director

Date

## GLOSSARY OF TERMS

**Administrator:** The organization that administers the test but does not set the credential's standards and objectives. For example, the New Mexico State Health Department administers the OSHA 10-Hour Safety Training, but the underlying content and competency standards are established by the sponsor, the U.S. Department of Labor Occupational Safety and Health Administration.

**Credential:** Any of a variety of validation measurements that employers recognize, such as industry-based certifications, state-approved licensures, pre-apprenticeship credentials, and NTC program completions.

**Credential Sponsor:** The organization that develops and issues a credential based on its standards and objectives, such as the *National Healthcareer Association*.

**Credential Title:** The title the credential sponsor assigns to the certification, such as *Certified Medical Administrative Assistant*.

**Industry Area:** The industry the training program is aligned with, such as *Health Care*.

**Level:** Indicates the credential's level in a hierarchy of credentials supported by a sponsor at the same time. An example of Levels for credentials is the Chain Saw credential from the U.S. Forest Service, with A - Apprentice Sawyer, B – Intermediate Sawyer, and C – Advanced Sawyer levels.

**Occupational Code:** Job Corps-assigned two-letter code for a training program. For example, the occupational code for Medical Office Support is *OS*.

**Training Achievement Record (TAR) Code:** Job Corps-assigned TAR code consisting of the Department of Labor's classification system (O\*NET) plus a two-letter suffix to indicate completion level. For example, the TAR code for Medical Office Support is *55328JA*.

**Training Program:** The title assigned to the occupational requirements, for example, *Medical Office Support*. The training program may (1) have one or more Training Achievement Records (TARs) assigned to the program, such as the Medical Office Support program; and (2) share the same name, such as Clinical Medical Assistant, with the associated TAR.

**Training Program Area (TPA):** Grouping of training offerings with related content, without regard to level, provider, or specialization. For example, the TPA for the Medical Office Support program is *MEDOS*.

**Version:** Sometimes stated in the credential title, this could reflect the examination's objectives in real time indicated by a date or version number. For example, OSHA 10-Hour Safety Training is available in Construction and General Industry versions.